

THE MEDICAL AND SURGICAL REPORTER

No. 1624.

PHILADELPHIA, APRIL 14, 1888. VOL. LVIII.—No. 15.

CLINICAL LECTURE.

LYMPHADENOMA OF THE NECK.¹

BY PROFESSOR TERRILLON,

SURGEON TO THE SALPÊTRIÈRE, PARIS, FRANCE.

Gentlemen:—I am going to speak to you to-day of a relatively infrequent affection, of which we have a typical case in a patient 25 years of age, lying in No. 21, Ward Sainte Vierge. Last May, about six months ago, this young man first noticed a little lump under the left sterno-mastoid muscle. This swelling at first increased very slowly, but in July it became the seat, at two separate intervals, of a rapid growth, which has resulted in the voluminous mass which you see to-day.

The tumefaction which now presents itself on the left side of the neck is at least as large as the two fists, and extends from the lobule of the ear to the clavicle, and from the median line in front to two fingers' breadths behind the sterno-mastoid. The skin, which is a little red, does not take part in the swelling; the derm is free, but the subcutaneous tissue has lost its natural suppleness, and does not slide easily over the deep parts. On palpation, you find that the tumor has a lumpy feel, that there are irregular fissures, and that the whole mass is hard. If you endeavor to move the tumor, you experience a certain difficulty; it does not appear to be adherent to the subjacent bony parts, but there is a partial attachment; it extends quite deeply, and displaces the larynx, by at least two fingers' breadth, to the right of the median line. Despite all this, during the movements of deglutition the

larynx and trachea rise and fall without stirring the tumor, which proves that the basis of the latter is not the thyroid body. The vessels of the region and the œsophagus seem to escape compression; there is neither œdema nor dysphagia.

In short, the tumor inconveniences the patient, but does not cause him to suffer; he feels no pain either in the shoulder, the ear, or the back of the neck. From all this we conclude that the nerves are pressed backward, but not incorporated in the morbid growth.

What has become of the sterno-mastoid? You see it distinctly only in its inferior position; you have reason to suspect that it is to be found in front of and outside of the tumor over which it is stretched; the latter extends beyond its anterior and posterior border. In the supra-clavicular hollow on both sides, and in the axillæ, you find a few glands as large as hazel-nuts. The patient has not perceptibly lost flesh or strength, and the blood when examined under the microscope does not present an excess of white globules.

After what we have just seen, the diagnosis would not seem to be a matter of great difficulty; it is a glandular affection. But what is its nature? This is the main question. You know that in the neck we may observe three sorts of swellings of the glands: 1. Acute or chronic inflammatory swelling; 2. Secondary adenopathies, consecutive to lesions more or less distant; 3. Non-inflammatory, spontaneous adenopathies.

We may at once eliminate the first variety; our patient has no trace of inflammatory affection. We can also rule out the second group; there is no lesion in the vicinity which can explain this glandular intumescence. We have inspected with care the interior of the mouth, the tonsils, the phar-

¹Translated, with the author's permission, by E. P. Hurd, M.D.

ynx, and our examination has been negative. Moreover, you have under observation in our wards three patients who present typical cases of secondary degeneration of the glands of the neck, and you see at once that the aspect is very different from that of the patient under consideration. There remains, then, the third variety, spontaneous adenopathy. Here, if you will recall to mind what you have been before taught, you will find that this glandular affection may be arranged under four heads: 1. Tuberculous glands. 2. Simple hypertrophy of the glands. 3. Lymphoma, or lymphadenoma. 4. Lympho-sarcoma, or cancer of the glands. Let us pass in review each of these varieties, and see to which one of them the particular case now before us best corresponds.

1. When a gland is invaded by tubercle granules it increases in size, and becomes caseous, softens, inflames and suppurates, and this is what happens especially in young people. Our patient has passed the age at which we ordinarily observe this kind of affection. Moreover, his swelling is voluminous, hard, and there is no point of softening. Lastly, his general condition rules out the idea of tuberculosis, even existing as a local trouble.

2. When a gland undergoes simple hypertrophy, it doubles, triples in volume, but does not change its appearance: the glands remain independent, they do not become agglutinated; between them, in a word, there is no peri-adenitis. Lastly, if this hypertrophy becomes general, we have the *adenia* of Trousseau, with or without leucocythæmia. Now, our patient has a bunch of glands which are soldered together, but there is neither generalization nor is there any numerical alteration in the globules of the blood.

3. It remains now to examine the two last groups of our classification, and you know that it is not a very long time that we have known these lesions. In cases of lymphomata or of lymphadenomata, the glands are augmented in volume, and this hypertrophy is constituted by a modification of their structure, which may take on two forms: (a) The soft form, in which the cellular element predominates, and undergoes hyperplasia; the glands are then soft and almost fluctuating; (b) the hard form, in which the connective tissue is thickened and undergoes hyperplasia, transforming the glands into firm tumors of fibrous consistency.

Whatever may be the histological modification, it is necessary to bear in mind that this affection which takes on at the onset the

characteristics of a benign tumor, may afterwards behave like the most malignant growths. The special clinical character of this kind of tumor is to begin in a single gland, and to grow by the adjunction of neighboring glands, which become agglomerated with the first one, and so on. Thus constituted, this glandular tumefaction ends by acquiring a large volume, but it presents a special characteristic, it presses back the neighboring organs and the skin without invading them, without incorporating them into itself, a property which belongs to malignant tumors. Lymphadenoma possesses already a malignant character when there exist concurrently secondary tumors, which are easy to detect when they are cutaneous (nodules described by Prof. Trélat), difficult or impossible to diagnosticate when they are seated in the liver, the lungs or the viscera. It is probably in cases of this kind that surgeons have witnessed speedy relapses and a rapid spread of the disease after the ablation of the primitive growth. Note in passing, that the cervical region, which is affected in the case of our patient, is a place of election for the localization of these glandular lymphomata.

4. Lastly, we have the lympho-sarcoma, which is only sarcoma or carcinoma of the glands. In these cases the envelope of the gland is quickly invaded and traversed, and the peripheral tissues are incorporated in the morbid mass. Lympho-sarcoma evolves rapidly; the skin is affected and ulcerated in less than ten or twelve months. Its principal character, then, is to be spread rapidly, and as it invades the neighboring tissues, it early provokes pain, which is often very intense and persistent. It will not do, however, for you to deceive yourself by supposing that pathological anatomy knows any absolute difference between lymphadenoma and lympho-sarcoma, for I have many times intimated to you that these two affections may at a given moment of their evolution present a common clinical character, namely, malignity.

After this summary survey of the subject, we may, I think, conclude that our patient is affected with lymphadenoma of the hard variety before mentioned. The progress of the tumor has been relatively slow. The glands are agglomerated, but in the midst of the common mass you detect them here and there by the little lumps which you so plainly feel; those of the neighborhood, still isolated, show us how the affection commenced; the skin is not invaded, nor are the deep organs of the region, which are only

pressed aside. Lastly, the general condition of the patient is good. Have we any means of inferring what will be the course of the disease?

Have we to do with one of those cases which become fatal by extension of the disease, even to the distant parts? Have we, on the other hand, reason to hope that this is one of those curable cases of which instances have been cited? It is unfortunately impossible in the present state of science to give a definite answer to this question; it will be necessary to wait at least until we shall have made trial of the treatment which seems appropriate to the case. It is true that the general health of our young patient is very good; there is nothing like a general extension of the disease; we have found none of those cutaneous nodules just mentioned, nor any indication of a visceral neoplasm; but we have no guaranty that there will not be an outbreak of the malady, similar to that which he suffered in July. Our prognosis must therefore be reserved.

Treatment.—As you may have inferred already, we have to choose between medicine and surgery; either we must be content to give certain internal remedies, or we must endeavor to effect total extirpation of the morbid growth.

The extirpation of diseased glands in the neck, recommended and condemned in turn by authorities, is evidently a difficult operation; it has been regarded as very questionable in cases of lymphadenoma, although, by reason of the fact that the neighboring organs are not adherent to the glands, the latter may be removed in their entirety. I could then, with safety, attempt the ablation of this glandular tumor—and there is nothing about the operation to deter me; in view, however, of the results heretofore obtained from surgical interference in cases of this kind, I think that I had better not interfere. Almost all patients who have been operated upon in like conditions have died in the course of a few weeks from generalization of the disease. I might refer you for your enlightenment to the discussion which took place in reference to this very subject at the Society of Surgery in 1877, when Professor Trélat presented his report. We shall, then, have to fall back upon the medical treatment. I shall not take up your time by enumerating all the remedial means which have been at different times proposed and abandoned, but shall speak of only two medicaments which seem to have given good results. I refer to phosphorus and arsenic.

Professor Verneuil recommends the employment of phosphorus under the form of phosphorated oil:

Oil of sweet almonds..... 30 parts.

Phosphorus..... 1 part.

M. Dose—Five to ten drops. Good effects are claimed from this preparation. [It has a disagreeable lucifer match taste, which causes patients soon to object to it, in which event the phosphorus can be given in pills.]

Arsenic has seemed to give better results. This medicament has been already given in cancer. Billroth, Winiwarer and Tholer have tried it thoroughly in lymphadenoma, and if it does not always cure, improvement always seems to attend its use.

The arsenic may be administered in two ways. You may either introduce it hypodermically, in which event a few drops of Fowler's solution should be injected deeply into the interstices of the swelling, or the same preparation may be given by the mouth. In the case of our patient, the swelling is too voluminous to warrant us in attempting the hypodermic method; the injections would have to be too often repeated before all the glands would be affected thereby, and besides, the administration by the mouth generally succeeds very well. We shall, then, adopt the internal treatment, which has given marvellous results; in this very hospital our predecessor, Berger, has had what seemed to be several remarkable cases from this method of treatment.

The mode of administration is important. You must begin with the minimum dose and rapidly mount up to large doses, without, at the same time, provoking any inflammatory disturbance capable of causing the glands to suppurate. Give Fowler's solution pure, or in conjunction with strychnia or nux vomica. Begin with ten drops, and in the course of a week increase to eighteen or twenty, giving the medicine before meals, and every fortnight give your patients a rest. In this way you will surely succeed in causing resolution and disappearance of these formidable swellings, whose ablation has almost always been followed by untoward results.

NOTE—The patient, who was the subject of this clinical lecture, was put on Fowler's solution Oct. 28, and the medicine was continued till Dec. 15. At this date, the tumefaction was so much diminished that it was scarcely perceptible to the sight; the glands were now separate from each other, and the patient was so well that he left the hospital. Two months afterwards he returned with the swelling as large as ever. The arsenical treatment was resumed, there was a new amelioration, and the patient again quit the hospital. We saw no more of him, but learned that he died in October of the following year; whether from the same or some other disease, we did not ascertain.—(Jan., 1888).

THE COMMON EYE AFFECTIONS OF ACQUIRED SYPHILIS.

BY EDWARD JACKSON, A. M., M. D.,
PROFESSOR OF DISEASES OF THE EYE IN THE
PHILADELPHIA POLYCLINIC.

Three of the patients in attendance to-day very well illustrate the more common and more important of the lesions of the eye, that occur in the course of acquired syphilis. Occasionally the initial lesion does occur on the eye or eye-lid, but cases of such occurrence are rare. I have never seen one. And in general the first evidence of the disease presented by the eye is an iritis, appearing as one of the secondary symptoms, in from six weeks to two years after the initial lesion. The iritis generally comes on with the eruption, or as the eruption reaches its height. And the eruption may involve the skin of the lids, or the conjunctiva, just as it may involve any other free epithelial surface of the body. Here is our case of

Iritis.

J. M., aged 35, had a chancre about four months ago. For six weeks he has had this well-marked and characteristic eruption; and during that time he has been decidedly out of health, and has been under medical treatment, the exact nature of which we do not know. About three weeks ago his left eye got "sore;" that is, it became red, over-sensitive to light, there was excessive secretion of tears, and pain in the eye and in the neighboring brow and cheek, often very severe, especially at night. This condition continued growing, on the whole, rather worse; until he presented himself at the clinic, about ten days ago. At that time, you will remember, he complained of the symptoms just enumerated, and on inspecting the eye we found by oblique illumination that there was a zone of hyperemia surrounding the cornea; that the cornea presented opacities, but that its surface was smooth; that the iris was of a color slightly different from that of the healthy right eye, and that the pupil was slightly dilated, the latter condition being due to the use of an eye-water, which contained some mydriatic, though not enough of it to dilate the pupil properly. After the instillation of a solution of

Atropia sulphate.....1 grain
Water.....1 fluid drachm,

we found that the pupil dilated to almost the normal extent in every direction, except upward and inward, where there was a distinct projection or swelling of the iris. Opposite

this projection of the iris there was a single spot of opacity on the anterior capsule of the lens where the pupillary margin of the swollen part of the iris had rested, prior to the dilatation of the pupil which had torn through this single adhesion. The corneal opacity mainly affected the lower portion of the cornea, and was situated near or upon the posterior surface of that membrane. In brief, we had here a case of iritis, mainly serous, but which had at one point become plastic; with well-marked punctate keratitis, and a history of recent syphilis.

There is a common impression that syphilitic iritis is always plastic, but it is often in the beginning serous, only there is no tendency to spontaneous recovery, and if not subjected to the proper line of treatment it runs on, almost invariably into a plastic inflammation, and often beyond this, to the formation of gummata in the iris. It is, on every account, important that the nature of the affection should be recognized, and the proper treatment inaugurated in the earliest stage, when a complete cure may be effected.

This man was put upon the one-sixth of a grain of calomel four times a day. When this had produced rather free purging, we tried the green or prot-iodide of mercury, but this in one-fourth grain doses, seeming to cause even more gastro-intestinal irritation, we returned to the use of the mild chloride, adding to each dose double its amount of powdered opium, which prevented any further diarrhea. This, the specific part of the treatment, has been continued up to the present time. We also gave at first quinia sulphate two grains three times a day, but this was discontinued as soon as improvement was well under way. Locally, he has used a solution of atropia sulphate, one-half the strength of that given above, three times daily; preceding each instillation, of one or two drops, by bathing the closed lids and the neighboring parts with water as hot as he can bear it. This local treatment will be continued; but as he is now markedly anemic we shall have him take internally, in place of the calomel,

Hydrarg. chlorid. corrosiv.....gr. ij

Tr. ferri chloridi.....f3 iv

Fifteen drops, freely diluted with water, twenty minutes before each meal.

The eye is already free from hyperemia, and the dots of opacity at the posterior surface of the cornea are rapidly disappearing. Probably in two or three weeks the opacities will all be gone, and the only permanent mark of the disease of the eye will be the single speck of iris pigment left adherent to

the anterior capsule of the lens. Had the iritis become fairly plastic, with the formation of strong adhesions, recovery must have been much slower and less complete. But with the recovery of his eye he must not discontinue the specific treatment. Many months must elapse before he can be free from danger of another attack, or a similar invasion of the other eye. Syphilitic iritis is prone to affect both eyes, though often not at the same time, and by proper treatment the involvement of the second eye may be avoided.

Paralysis of the extra-ocular Muscles.

P. S., aged 55, came to the dispensary over two months ago, saying that for two weeks he had been suffering severe pain of an aching character in the right brow and temple, that he saw double, that he could not open the right eye, and that these symptoms, while appearing in the first place rather suddenly, continued to grow worse. On examination it was found that there was loss of power to raise the upper lid of the right eye, and inability to turn the eye up or down or toward the nose. If he looked at an object directly in front of him, or to the right, and about on a level with his eyes or a little below them, he saw it single. But on attempting to look in any other direction, the left eye moved properly, but the right, failing to make the attempted movements, paralytic squint occurred, causing the diplopia of which he complained. He had paralysis of the muscles supplied by the third cranial or oculo-motor nerve with pain referred to the ophthalmic division of the fifth nerve. Now, by far the most common cause of such a group of symptoms is a syphilitic new growth near the point where these nerves enter the orbit. We asked the patient about syphilis, but he denied ever having had it. We then inquired for rheumatism and other possible causes of such a lesion, but finding none fell back upon the probabilities of the case, and put the patient on the use of iodide of potassium, ordering

Potassium iodide.....1 ounce
Water, sufficient to make...1 fluid ounce,

each minim of this solution containing about one grain of the iodide. The advantage of such a solution is, that with it the dose can be so easily, accurately, and steadily increased. He took it well diluted with water, an hour or more after meals, at first ten drops three times a day, but increasing the dose every two or three days, until in a few days he was taking forty drops four times a day.

When the patient first applied, the paralysis of the superior, inferior, and internal recti, and of the elevator of the upper lid was almost complete, and three days later it was absolute. But, by the time he was taking one hundred and sixty grains of potassium iodide daily, improvement was quite noticeable, and although there were no symptoms of iodism, the dose was not afterwards increased. The return of muscular power was first apparent in the elevator of the upper lid; the ptosis diminished rapidly. By the time he could, by an unaided effort of this muscle, uncover the whole of the cornea, there was some return of power in the superior and inferior recti; and a little later the internal rectus was able to turn the eye somewhat toward the nose. At the end of a month of treatment the drooping of the lid was entirely gone, and the eye could be moved quite freely, vertically or toward the nose, but there was still diplopia at the margins of the field of binocular vision in all directions except to the right, or a little upward and to the right. We now began to suspect what had before had been masked by the oculo-motor lesion, a paresis of the superior oblique muscle, supplied by the fourth cranial nerve. With the complete recovery of the third nerve, the weakness of the fourth became quite obvious, the double vision being, a few days ago confined to the lower right side of the binocular field, and the position of the false image varying as it would in such a condition. But this also was improving soon after it was discovered; and now, at the end of the seventh week, there is no diplopia, and the movements of the eye seem in all respects normal.

This patient's denial of any earlier manifestations of syphilis raises the question of our ability to diagnosticate the tertiary period, or sequellæ of syphilis, from the symptoms alone; and particularly by the tolerance of very large doses of potassium iodide. Perhaps we are not, by such evidence, justified in making the positive, unqualified statement that this man has had syphilis; but for all practical purposes of prognosis and therapeutics we may, in a case like this, consider the diagnosis settled.

Central Retinitis.

D. M., aged 42, had syphilis six years ago. The right eye has been lost by some general inflammation, leaving an occluded pupil, for which an iridectomy has been done without any practical benefit. He says that about seven months ago he first noticed a cloud before the left eye, the good one, which grew

denser day by day, and was most dense just in the direction that he attempted to look. He applied at one of the public clinics in the city, and received treatment under which his sight stopped getting worse, but there was no subsequent recovery of vision. He states that the drugs then employed included mercury to salivation, and potassium iodide to the amount of one hundred and sixty grains a day. During the months that have elapsed since he discontinued treatment, he thinks there has been no further change in his power of vision. When he first came here, two weeks ago, the appearances presented by this eye were precisely what they are now. Externally, we only notice that the pupil which presents one posterior synechia, seems a trifle large for a man of his age; and that when he attempts to see an object he does not look directly at it, but a little above or below it, or to one side; and in a somewhat prolonged effort to make out a letter on the test-card his eye roves all round it. With the ophthalmoscope, the retinal vessels, especially the arteries, seem rather smaller than is usual. The disk, besides being quite pale, is partially obscured by a faint gray cloud, through which the margins and the smaller vessels are seen quite indistinctly. Away from the disk the appearance of the fundus is normal, except in the region of the yellow spot. Here we see a grayish white area, irregularly oval, somewhat larger than the disk; and shading off into the normal fundus, in some directions abruptly, in others, very gradually. Some of the fine terminal branches that run in toward the fovea are buried in the mass which causes this appearance; and at no point is there any noticeable disturbance of the pigment layer. We cannot say that the choroid underlying this region is entirely normal; but so far as we can see, the morbid process is confined to the retina. And except that there was, probably, more hyperemia then, it is not likely that the appearances presented at the beginning of the attack were materially different from those we observe now.

Although there is every reason to think that this lesion was in its origin syphilitic; from his having undergone at competent hands a vigorous course of anti-syphilitic treatment, from the length of time that had elapsed since the original onset, and from the diminished vascularity of the affected parts; we concluded that the actual condition now to be dealt with was not a specific morbid process, but a process of atrophy of the nerve tissue, such as might follow any form of plastic inflammation of the optic

nerve or retina. Acting on this view we ordered the use of strychnia, at first in doses of one twenty-fourth of a grain three times a day. The dose has already been increased to one-twentieth, and to-day we shall increase it to one-sixteenth of a grain. And having warned the patient to be on the lookout for any muscular soreness or twitchings, or stiffness about the neck or jaws, the first symptoms of poisoning by the drug, we shall continue from time to time to increase the dose until the occurrence of some of these symptoms warns us that the limit of tolerance has been reached. Already the patient says there is some improvement in his vision; and improvement is likely to be more marked and more rapid as the full physiological dose is approached. (Subsequently the dose was increased until it reached one-sixth of a grain three times a day, when slight evidence of the toxic action of the drug was noticed. Vision improved from $\frac{1}{30}$ to $\frac{1}{15}$, but remained entirely eccentric, the centre of the macula being still quite blind. There was, however, marked extension of the periphery of the visual field, and very considerable diminution of the central scotoma.)

COMMUNICATIONS.

GRADUATED TENOTOMY IN THE TREATMENT OF INSUFFICIENCIES OF THE OCULAR MUSCLES. (STEVENS'S OPERATION.)¹

BY CHARLES H. THOMAS, M.D.,
PHILADELPHIA.

The study of disorders of the ocular muscles in relation to functional nervous diseases has received a strong forward impetus during the past year, chiefly due to the published results of the labors in this direction of Dr. George T. Stevens, of New York, whose work on "Functional Nervous Diseases," recently published,² has challenged special attention, even where it has not met with entire approval. The subject occupies a standpoint on the line between the two important specialties of ophthalmology and neurology, it takes somewhat from both, and has already, by force of circumstances, become in a certain sense a specialty of itself. The operation and its application have, until recently remained to a remarkable degree personal in

¹ A paper read at the meeting of the Philadelphia County Medical Society, March 14, 1888.

² D. Appleton & Co., N. Y., 1887.

the hands of Dr. Stevens, notwithstanding that for many years he has reported it before medical societies and in the medical journals.¹

All this, however, has been recently changed by the publication, within the last year, of his work above referred to, which has brought the method into such prominent notice, as to compel recognition. Other operators have now entered the field, among whom is Prof. A. L. Ranney, of New York City, who, as a neurological specialist, has reported² a series of cases of the gravest neuroses successfully treated by the Stevens's method. Beyond question a point has now been reached which shows the subject to be worthy of the most sincere investigation.

What I have to present to-night is, to a certain extent, in the nature of a preliminary report; as my work is necessarily incomplete in some particulars, owing chiefly to the considerable length of time required for observation to arrive at a just estimate of the permanency of the results obtained—especially in the gravest and, therefore, most important cases. I shall attempt to add little that is new to the presentation of the case as made by Dr. Stevens himself, and I cannot hope, in the length of time allotted for its consideration, to make a statement commensurate with its importance, but I have thought it right to rehearse briefly its principal features and to give my own experience in connection therewith, together with a sketch of a few of my own cases; because I have become convinced of the importance of the subject, and also because it has not, heretofore, been brought before this society—nor, so far as I can learn, before any other of the medical societies of Philadelphia. It is now about ten years ago that the operation was first brought to my notice by patients who had been under Dr. Stevens's care. It seemed to me incredible that results such as they claimed were produced in their cases, could have been derived from the cause assigned. Again, I questioned the practicability of performing the operation in the definitely graduated manner which was said to be practised by him. Under these circumstances, and in the absence of better information, my position was for a long time one of earnest opposition to the practice in question.

About three years ago, however, having

under my care several cases of muscular asthenopia which I was unable to relieve, though I obtained the advice of several of the best known ophthalmologists, and being freshly reminded of the work of Dr. Stevens by a patient of unusual intelligence and reliability, who reported great relief obtained at his hands, I asked his assistance in the treatment of these cases. He kindly demonstrated to me, upon patients of his own, the practicability of the operation, and I became convinced of its great value. The results obtained were so satisfactory that since that time I have investigated the muscular as thoroughly as the refractive conditions in all cases coming under my care, and have as faithfully undertaken to correct them.

For the discovery of abnormality in any of the straight muscles, their physiological condition, both while at rest and in action, and in all states of the accommodation of the eye must be thoroughly understood. In order that binocular vision may result, the visual lines of both eyes must converge upon the same point, whatever may be the position and distance of the object. It is only under such circumstances that the rays of light are brought to a focus at corresponding points upon both retinae. A slight deviation results in diplopia, constituting strabismus, a subject sufficiently well understood, and to which Stevens's researches do not directly apply. But while there may be perfect binocular vision, and not the slightest indication of strabismus, there may be, nevertheless, grave faults affecting the recti. It is these faults that Dr. Stevens has emphasized, and to these his observations have been chiefly confined.

In the normal condition of the ocular muscles the visual lines of both eyes naturally preserve an almost exactly parallel direction when looking at distant objects; and they maintain such a position of their own accord from muscular tonicity alone, without the necessity of any additional stimulus. This can be shown by prismatic tests. The artificial diplopia produced in making the test will be such that the two images will lie in that plane which is at right angles to the base of the prism.¹ If, for example, diplopia be induced by a prism placed before either eye with its base directed either outward or inward, the two images will lie in the same horizontal plane; and, similarly, vertical prisms, with base up or down, will induce

¹ See articles by Dr. George T. Stevens, on "Chorea" (*Medical Record*, 1876), on "Anomalies of the Ocular Muscles" (*Archives of Ophthalmology*, June, 1877.)

² "The Treatment of Functional Nervous Diseases by the Relief of Eye Strain," *New York Medical Journal*, January 7, 1888.

¹ Not that Dr. Stevens was by any means the first to employ prisms for the discovery of muscular irregularities, but he appears to have used them with greater precision and by more systematic methods than have heretofore prevailed.

diplopia; but in this case the two images will be situated in the same *vertical* plane. The reason for this is because the normal visual lines of both eyes naturally lie in the same *horizontal* and *vertical* planes, even when the powerful stimulus which the need of binocular vision presents is abolished by the prism. Hence, if the eyes in the normal state be directed to a distant object, binocular vision will occur without the need of extra muscular action to bring the visual lines to properly bear upon the object. If, on the other hand, the visual lines of the two eyes do not naturally take the proper position, one of the two things will result, either there will be no effort to bring them into correspondence, and strabismus with attending diplopia occurs, or, *more frequently*, by an extra nervo-muscular effort, called into action by the demand for binocular vision, the proper position will be maintained; just as in facultative hypermetropia accommodation is necessary even when parallel rays coming from a distant object are to be brought to a focus upon the retina. From this forced, though it may be involuntary or even unconscious effort to maintain the proper direction of the visual lines, the abnormal conditions under consideration result. We have abundant clinical evidence of the enormous expenditure of nerve force under these circumstances, and of the development of marked reflex disturbances, which are manifested both in symptoms of irritation and exhaustion.

Dr. Stevens has¹ introduced a series of terms descriptive of the various abnormalities to which the recti muscles are subject. The word *exophoria* designates simply an outward tendency of the visual lines, without implying anything as to which muscle or set of muscles is at fault. The opposite condition, namely, tendency to convergence, is designated by the word *esophoria*, meaning an inward tending.

If either visual line deviates above its fellow, the fact is expressed by the term *hyperphoria*, right or left, as the case may be, always remembering that the lower image represents the higher-tending visual line. It is to be remarked that the condition of hyperphoria is far more frequently productive of serious reflex disturbances than any other fault, and mainly for the reason that a small amount of deficiency in this direction may, and usually does, involve a considerable proportion of the total coördinating power of

the vertical muscles; and this because the power of sursumduction is usually limited to about three degrees, while that of abduction is about eight degrees, and that of adduction may be fifty degrees and upward.

The generic term to express any deviation whatever from *orthophoria*, the normal, is *heterophoria*.

Finally, the amount of heterophoria found in any given case is equivalent to and expressed by the degree of the prism required to correct the fault.

In practice, the tests for insufficiency are made by placing prisms before the eyes with their bases in certain definite directions. Lateral diplopia is produced by a prism with base in, vertical diplopia by a prism either up or down. If in lateral diplopia so induced, either image is above the plane of its fellow, we know that the higher image belongs to the eye whose visual line is lowest, to be expressed as hyperphoria of the opposite eye. If, in induced vertical diplopia, either image deviates from the vertical, we have lateral fault—*esophoria*, if the diplopia be homonymous, *exophoria*, if crossed.

In applying the prism test for the discovery of muscular anomalies it is not sufficient to be content with the results of a single or even several examinations, because we must always bear in mind the possibility of latency—that is to say, like latent hyperopia, the true fault may be concealed or masked. Indeed, as in latent hypermetropia we sometimes have apparent myopia through spasm of the muscle of accommodation, so in actual *esophoria* an apparent *exophoria* may be manifest, the result of spasm of the externi, and this is equally true of the other muscles. It is only by a careful consideration of the circumstances, such as the degrees of abductive and adductive power; and, finally, by the use of temporary correcting prisms for whatever fault may be manifested, and following it up—but not leading it—as it develops, by a new correcting prism until the fault becomes stationary, that we are justified in proceeding to operation. In one obstinate case of *exophoria* I have several times obtained relaxation of spasm of the interni by a moderate dose of morphia administered hypodermically. But, though the after results proved the observation under morphia to be expressive of the true condition in this case, there are obvious objections to the use of the drug as a matter of ordinary practice. The discovery of an efficient and safe agent for the relaxation of spasm of the recti muscles is greatly to be desired. It sometimes happens that muscular anomalies of considerable de

¹"A System of Terms relating to the Conditions of the Ocular Muscles known as 'Insufficiencies,'" by George T. Stevens, M.D., Ph.D. (*New York Medical Journal*, December 4, 1886).

gree are discovered in connection with refractive faults. By correcting the refractive error first not infrequently the muscular difficulty soon disappears, showing the muscular to have been dependent upon the refractive state. The correction of refractive errors, especially those of a hypermetropic character should always be made before applying the prismatic tests. Defects of refraction and accommodation are well known as the source of serious reflexes, especially headaches or severe migraine, nausea and dizziness; but it is not so well known that defects of muscular adjustment through faults of the guiding muscles of the eye produce all these and many more serious results besides.

From Dr. Stevens I quote:¹ "Respecting the importance to be attributed to ocular, refractive, and muscular anomalies, I fear that my views will for some time to come continue to be regarded as something more than radical; but I am ready to reaffirm the proposition made years ago, that, among the various elements constituting the neuropathic tendency, these anomalies must be regarded as occupying a preëminent position.

"Summing up the experience in this field of work, it is shown that, not in occasional and rare instances only, but in a large proportion of cases of the most redoubtable neuroses, unusual and most salutary results may be anticipated from attention directed to visual troubles."

Among the neuroses shown in many cases to be dependent upon such troubles, are to be mentioned neuralgia, spinal irritation and neurasthenia, chorea, epilepsy, and mental disorders. Dr. Stevens further says: "Not only are those painful or irregular conditions usually described as neuroses in great proportion responsive to the relief from ocular tensions, but a great variety of conditions commonly regarded as local affections yield as readily, and prove that with some possible local complications they are, in fact, reflex phenomena. As an instance of this class of trouble, I may mention the fact that in more than a score of cases of extreme dysmenorrhœa—in each of which the periodical suffering has been of intense character, of regular occurrence, and of the full duration of the menstrual life of the patient—the dysmenorrhœa has failed to occur after relief to the tension of a superior or inferior rectus."

"So far as my experience goes, epilepsy very rarely results from simple conditions. The ocular anomalies in epilepsy are of the

most complicated, and often of the most obscure character. A simple insufficiency may induce headache or other minor manifestations, but the ocular causes of epilepsy are usually of a character most perplexing to the surgeon, and sometimes of a character which cannot be completely remedied. Hence, great patience, and, in certain cases, much time and skill are required to accomplish that which can finally be done. If, in the meantime, the patient and his friends are constantly assured by both lay and professional advisers that his efforts must, of necessity, prove fruitless, he is apt to withdraw from treatment, even while defects which are of great importance, are known to exist, and which, by continued efforts, might be removed."

Prof. Ranney is authority for the statement that in cases of epilepsy of long duration under treatment directed to ocular difficulties, the affection has been scarcely less tractable than diseases commonly regarded as easily curable. As furnishing a suggestion as to the possible method of production of epileptic attacks from eye-strain, it is interesting to note some experiments performed several years ago by Drs. Dercum, Parker and others in the artificial induction of convulsive seizures. They found that it was possible to produce spasms in many persons by the following method:²

"The subject being seated, the tips of the fingers of one or both hands were so placed upon the surface of a table as to give merely a delicate sense of contact—i. e., the fingers were not allowed to rest upon the table, but were maintained, by a constant muscular effort, barely in contact with it. Any other position involving a like effort of constant muscular adjustment was found to be equally efficient. Any one object in the room was now selected, and the mind fixed upon it, or some subject of thought was taken up and unswervingly followed.

"After the lapse of a variable period of time, extending from a few minutes to an hour, and depending upon individual peculiarities to be noted, * * * * the subject was frequently thrown violently to the ground in a general convulsion, preceded by tremors which rapidly became more violent.

"Seizures equalling in violence a general convulsion were by no means induced in all subjects, and were generally the result of experiments repeated many times during the same evening. In the experimentors the con-

¹See "Ocular Irritations and Nervous Disorders," by Dr. George T. Stevens. *N. Y. Medical Journal*, April 16, 1887.

²See "Artificial Induction of Convulsive Seizures," by Drs. F. X. Dercum and A. J. Parker. *Journal of Mental and Nervous Diseases*, October, 1884.

vulsions became so easily induced that it was thought advisable to desist for a long period."

The *effort of constant muscular adjustment* here spoken of appears not unlike the condition found in the eyes in cases of insufficiency of the ocular muscles; and it seems not unreasonable to infer that if such strain of the muscles of the forearm would produce results of the kind reported by the authors just named, that the strain upon imbalanced ocular muscles (which must be continuous during the whole of the time that the eyes are opened) should be productive of even more serious, and, indeed, permanent results. In the great majority of these cases there is but one satisfactory method of treatment, and that is graduated tenotomy. The operation consists in making a small opening through the conjunctiva, exactly over the insertion of the tendon, when the tendon is seized by extremely fine forceps and divided outwardly in each direction, preserving the extreme outer fibres, or, at least, the reflection of the capsule of Tenon, which serves as an auxiliary attachment. Tenotomies for strabismus and so-called partial tenotomies have, of course, long been made, but there are radical differences between these and the operation here described. The fan-shaped expansion of the tendons of the recti at their points of insertion into the sclerotic are somewhat wider than is generally supposed, while the elasticity of their edges is an influential factor in determining a favorable result in the purpose of the operation—that is, in bringing about a relaxation which shall be permanent by permitting the divided portion to retract and form a new attachment to the globe further back.

The use of prisms as a means of treatment of marked heterophoria is not to be relied on; as in many cases they are found to be insufficient and disappointing.¹ They, however, have a certain value as means of systematic exercise of the ocular muscles, particularly in the milder cases. When the correction is made by tenotomy, all that is necessary to be done in a given case should be regarded, in a sense, as one operation, though it may be in several stages and at different periods—as a watchmaker counts the regulating of the watch one operation, though he may be obliged to move the regu-

lator a number of times; or as the correction of an astigmatism is one operation, though it may involve a number of sittings.

In one complicated case I have operated as many as seven times; the first operation nearly two years, and the last a week ago; the net result being an unquestionable gain both in head symptoms, which were at one time alarming, and in the severe asthenopia to which the patient had long been subject. Previous to the operation she had suffered from severe pain in the region of the eyes and in the back of the head, accompanied by general nervous distress of an entirely disabling character. An eminent ophthalmologist declared her to have organic disease at the base of the brain from the appearance of the eye ground. This was about three years ago. To-day this lady assured me that she felt "wonderfully better," and expressed her entire satisfaction with the treatment she had received.

It is to be re-emphasized in this connection, as an additional caution, that no operation is ever to be undertaken unless the indications for it are positively made out. From a perfectly plain case, evident to the merest tyro, to one demanding the greatest skill and patience of the most experienced, there is every gradation. Nothing would tend more to bring discredit upon the procedure than premature operations, which might result in such disturbance of the ocular muscles as seriously to cripple binocular vision without in the least alleviating the reflex condition for which the operation was undertaken.

Mrs. G. H. C., referred to me by Dr. W. H. H. Githens, aged 32, married, mother of four children. Has suffered for many years from almost constant severe headache combined with a feeling of drowsiness, the seat of the pain being the brow and vertex. Eye-balls painful, always felt better when the eyes were closed. There is frequently double vision, but no manifest strabismus. General condition markedly neurasthenic. Although there was no error of refraction except a very slight amount of hyperopia shown only under full mydriasis, the patient was unable to use her eyes at any near work, such as reading, sewing, etc., and at all times suffers from extreme intolerance of light. Ophthalmoscopic examination negative.

Muscular tests. The first examination showed an esophoria of nine degrees, which, under the use of partially correcting prisms worn for ten days, developed into settled fault of twenty degrees of esophoria and twenty-eight degrees esophoria in accommodation. Tenotomy of the left internus relieved all the

¹ Since this paper was written a physician of this city—himself an accomplished neurologist—who habitually wears spectacles for the correction of refractive errors and who also suffers from muscular faults, in a conversation with me, said with emphasis, "It is impossible for me to wear prisms. I have tried them thoroughly and know they would drive me crazy."

l
n
s
l
y
-
e
e
e
t
l
e

n
-
n
t
d
s
e
n
n
s
t
n

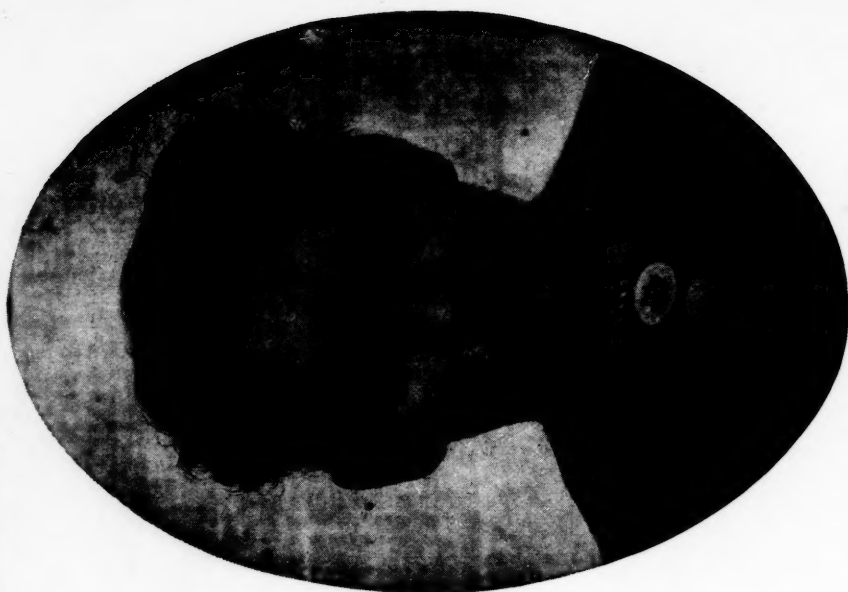
.
f
s
-
t
-
s
-
al
h
y
er
e
n
-

n
n
s
lt
y-
n.
ne

ILLUSTRATIONS OF CASE OF CHRONIC CEPHALALGIA AND NEURASTHENIA,
BEFORE AND AFTER OPERATION UPON THE EYES.



BEFORE OPERATION.



ONE WEEK AFTER OPERATION.

[Prepared from the photographs exhibited by Dr. Charles H. Thomas to the Philadelphia County Medical Society.
See *Medical and Surgical Reporter*, April 14, 1888, page 405.]

Apr
muscu
have
sympt
heada
ance
vision
(with
as wel
which
an im
facilit
impro
tograp
tives,
as near
tograp
at the
look o
nervou
The se
after t
have b
diate r
in her
of her
pitche
has be
impro
a clea
change
—in h
As a
may b
photog
which
J. H
any ne
under
for a
nothin
slight
scribed
nation,
degrees
operati
degrees
degrees
later th
degrees
formed
degrees
nation
degrees
the last
From
took pl
which
opened
prompt
self fre

muscular fault except one degree, which I have allowed to remain. The relief of all symptoms was immediate and complete. The headache, the pain in the eyes, the intolerance of light, the drowsiness and double vision have all vanished. She is now able (without the aid of glasses) to read and sew as well as anyone, and threading a needle, which, previous to the operation, was almost an impossibility for her, is now done with facility. The general health and spirits have improved to a remarkable extent. The photographs in her case are from untouched negatives, taken under photographic conditions as nearly identical as possible. The first photograph accurately represents her condition at the time of the operation. The strained look of the eyes, and the high condition of nervous tension are in no way exaggerated. The second photograph was taken one week after the operation, though it might, indeed, have been taken a day afterward—the immediate relief was so great. Perhaps no change in her condition is more marked than that of her tone of voice, which, from being high-pitched, nervous, almost wailing in character, has been moderated, mellowed, and vastly improved. The photograph of this case gives a clearer idea than words can do of the change which may be wrought by operation—in her case a single operation.

As additional graphic illustration of what may be accomplished, I pass around a few photogravure proofs belonging to Dr. Stevens, which he has very kindly placed at my disposal.

J. H. W., thoroughly healthy boy, without any nervous symptoms whatever, has been under my oversight since infancy. Except for a chronic tarsal ophthalmia there was nothing to call attention to the eyes. Very slight hypermetropia, for which I had prescribed glasses several years ago. On examination, three months ago there were eleven degrees of esophoria manifest, for which an operation was performed, removing seven degrees of the fault. Two weeks later four degrees additional were manifested; a week later the total manifest esophoria was nine degrees, when a second operation was performed, resulting in the removal of eight degrees of nine then existing. A recent examination shows a manifest esophoria of three degrees, being a let-out of two degrees since the last operation.

From the first operation a marked change took place in his facial expression; his eyes, which had been previously almost closed, opened widely, the tarsal ophthalmia showed prompt improvement, and he expressed himself free from a constant struggle to keep the

eyes from closing, which he had not recognized as dependent upon any condition of the eyes until after it had been relieved.

I present the patient this evening for the purpose of demonstrating the amount of setback given to the tendon, which, though invisible under ordinary circumstances, may be readily seen, upon causing either eye to be rolled outward, as a vertical line in each eye about two millimetres wide in one, and a little less in the other, where the sclerotic is plainly visible through the conjunctiva.

Whether the claim made that the neuro-pathic predisposition is more frequently due to eye strain than to other conditions is fully justified by the facts or not, it is unnecessary at present to determine; seeing that enough is known to make it certain that eye strain from muscular fault is the cause of grave and varied reflex neuroses; and that in these cases carefully graduated tenotomy promises relief; beside there is in such cases always sufficient justification for the sake of the eyes and sight—apart from the nervous condition—for the correction of muscular fault.

My own experience covers many of these operations, performed for the relief of a variety of conditions, and notwithstanding serious difficulties at times encountered, I have a steadily increasing confidence in the legitimacy and value of the method.

THE OINTMENT OF THE NITRATE OF MERCURY AS AN ABORTIFACIENT OF BOILS AND FELONS.

BY ROBERT C. KENNER, A.M., M.D.,
LOUISVILLE, KY.

For the last six years I have used the ointment of the nitrate of mercury as an abortifacient of boils and felons with a degree of success that has followed upon the use of no other agent for the same purpose. I have been able to abort nearly all the cases of boils and felons, which I saw before they had begun to suppurate. The application of the ointment is not painful, and in about twelve hours the pain disappears, and there is a peculiar "drawing" sensation which continues several hours, though it is not unpleasant, and then follows a complete cessation of all pain and uncomfortable sensations.

In describing my method of using the ointment of the nitrate of mercury for this purpose, let me detail several cases: J. J., a ferryman, came to my office complaining of pain in the forefinger of the right hand. It was red and hot, and caused him pain when he used

it. Increased tenderness was made out about one spot. He had suffered from felons before, he said, and was sure that this was an incipient one. I felt assured of this, and covered the entire finger with the ointment to the thickness of an eighth of an inch. I then put a piece of thick sticking-plaster around the finger, and had the edge of one side to overlap and adhere. The end was folded and sealed by thinner plaster. I then had him to put his arm in a sling, and instructed him not to take it out, or use it in any manner. I gave him a prescription for morphine granules, telling him to use them should his finger become very painful. The dressing was to remain on twenty-four hours, at the end of which time he was to report. He returned next morning, when the red, hot and painful condition which yesterday was evidently a developing felon, was now materially changed. The finger was pale, and it caused him no pain to make pressure on it. He said the pain had ceased about ten or twelve hours after the application of the ointment, and he did not have to use the morphine. I did not think further application of the ointment necessary, and he was allowed to go about his business, and suffered no recurrence.

S. B., applied for treatment for an incipient boil. She had one a short while before, which had gone to maturation, causing her much pain and annoyance, and she wished if possible to have this one aborted. It was on the wrist; it was red, painful and hard to the touch. The skin around was red and hot, but there was no evidence that any pus had yet formed. I applied the ointment over the boil and the adjacent red surfaces to the thickness of an eighth of an inch. She was instructed to take morphine granules if necessary, and to keep her arm in a sling, and to call at the office on the following morning. By this time, the boil, which before was beginning to assume its peculiar ovoid shape, and was hot, angry and red, had become pale, greatly diminished in size, and to a great extent absorbed. It seemed to be only a question of a short time for it to be entirely resolved, and I told her she might leave off the dressing when she went home. I had her to commence taking iron and quinine, and she not only had no further trouble from this boil, but was free from further recurrence of them.

In employing the ointment for this purpose to the neck, to the buttock, and several other parts of the body, the ingenuity of the physician will be called into play. The thick plaster which is to hold the ointment against the

neck, may be held in place by small strips of thin adhesive plaster. But in warm weather, or in heated rooms, the ointment may become warm and run out from beneath the edges of the plaster. Especially is this likely to be the case, if the patient insists on going about his business. Much of this trouble can be avoided, by having the patient assume the recumbent position for the time. I insist on this as a necessary condition, and find few patients, who will not agree to accept it.

When there has been any formation of pus in the boil, the abortive powers of the ointment of the nitrate of mercury must not be depended upon, but I have frequently seen cases very favorably modified by it. When the boil has attained considerable size, and that peculiar place of softness, and often after the patient has felt the "throbbing and beating" which they describe, for several days, I generally conclude there is little or no hope of aborting it. Some cases will put us in doubt, and in these it is well to try the remedy. In one case I tried the remedy, when I felt there was little chance if any; and found while I did not abort it, that I had circumscribed the growth of the boil—and the annoyance which it produced subsequently, was greatly less than it otherwise would have been. But when the boil is large or very painful and we think pus is forming, it is not best to use the ointment. Poultices applied locally and anodynes internally should be relied on till the proper time to lance it has arrived. So, also with the felon; when we feel that the time has gone by when it might have been aborted, it is not advisable to use the ointment, because no good can come of it, and the pain which is generally agonizing will not be relieved to any extent. But if the inflammatory process has been essentially mild, the ointment may be tried in hope that it may still be cut short. But in those who come to us with the history of several sleepless nights, and unmistakable symptoms that lead us to believe that to temporize is to add to the patient's trouble, there can be no good result from delaying the free use of the knife, in hope of aborting a process now entirely beyond such a possibility.

The proper field for the use of this agent then is in the treatment of boils and felons which have not gone to such a degree of maturity in the one case, that pus has formed in its center, and in the other when we are sure the inflammatory condition has not gone beyond the primary and abortive stages.

This method of the abortive treatment of boils and felons is superior to several ways of treating boils and felons with this result in

Ap
view
very

DIS

So
tenin
Hab
Arm
ner,
nativ
about
of E
nativ
coun
theo
and
the a
his o
suing
Colo
acqu
and
denc
topic
asked
answ
eases
assur
spon
inter

"Dr
"

my p
ing t
tives
deav
not r
numb
answ

1.
peopl
the p
the d
religi
attrib
gans

2.
are n
class
classi

3.
as the
they

view, in that it is easy of application—it is very simple, and unattended with pain.

DISEASES AND THEIR TREATMENT IN ARMENIA.

BY WILLIAM B. DEWEES, M.A., M.D.,
SALINA, KANSAS.

Some time ago I had the pleasure of listening to a very interesting lecture on "The Habits and Customs of the Native People of Armenia," delivered in a very pleasing manner, in English, by Mr. N. A. Morjickian, a native-born Armenian, who came to America about four years ago, unable to speak a word of English, or any other language except his native tongue. His object in coming to this country was to be educated in the literary and theological institutions of the United States, and afterwards to become a missionary, under the auspices of the Lutheran Church, among his own native people. He is at present pursuing his studies at the Denver University, Colorado. After the lecture I made his acquaintance, and found him very pleasant and interesting in conversation, giving evidence of being well informed on general topics of interest in this country. I finally asked if he would have any hesitancy in answering some questions relative to the diseases and their cure by his countrymen? He assured me he would take pleasure in responding, and the following letter may be of interest to the readers of the REPORTER:

"DENVER UNIVERSITY,

"Denver, Colorado, Feb. 7, 1888.

"Dr. W. B. Dewees, Salina, Kansas.

"DEAR FRIEND:—In reply, according to my promise, to your letter of inquiry regarding the diseases and their cure by the natives of my country—Armenia—I shall endeavor to give you a brief account. I will not repeat your queries, but will give the number in the order in your letter, and the answer to each respectively.

1. "*Cause of disease.*—The superstitious people attribute disease to the wickedness of the parents of the diseased one, and also to the diseased man's or woman's negligence of religious rites; but the more intelligent class attributes disease to the disorder of the organs of the body.

2. "*Medical education.*—Our physicians are not educated people; they consist of a class of wise old women who discover and classify, and treat diseases from observations.

3. "*Medical accomplishments.*—Inasmuch as they are not trained in medical science, they have no true accomplishments in that

department. They must be of good reputation as to their moral condition.

4. "*Headache.*—This is cured by bleeding the nose or drawing some blood from the temples. No internal application or administration of anything.

5. "*Colic.*—I have seen dozens of times people suffering most intensely from colic and cured by the following: In a half cupful of water rub the horn of some kind of a serpent against a piece of stone harder than the horn; the water turns blue, and the diseased or sufferer drinks this liquid, and is cured. In recent years, brandy, made from mulberry fruit, is also largely used. Its effect is immediate.

6. "*Rheumatism.*—I never saw or heard of a case of rheumatism in Armenia; nor have they any knowledge of *neuralgia*. Opium is applied for toothache, though they are very little troubled with that. As a rule, they have very sound teeth. Why this is so I can not tell.

7. "*Lung diseases.*—A severe cold settled in the lungs is cured by sweating, as follows: Fill an earthen vase with water, close its mouth air-tight, put it in the oven, and boil it for quite a while. Bring the vase out of the oven and put it on one end of the boat-shaped tub, while the person afflicted with cold in lungs, is sitting down on the other end of said tub. The tub is in a very small and closed tent. The sick person now opens the mouth of the vase, and I tell you, Doctor, in about ten minutes the poor fellow is almost dissolved into dewdrops. He is now ready to come out, *but the grandma is not*. He is finally taken out and put in bed and almost smothered. That is the way they treat all for colds.

8. "*Child-birth.*—I suppose their manner of delivery coincides with that of this country as far as the position of mother, while the child is coming out of the womb is concerned. But our women do not suffer near half as much pain. They are not assisted by medical men. They generally have a grandma midwife. In a great many instances they give birth to the child while working in the field all alone. My aunt gave birth to a boy-baby on the 7th day of August, while working in the harvest-field; she wrapped it up and walked home with it, a distance of about five miles; in less than a week she resumed her work on the field. I can recall a number of similar cases; so you see they are not confined to bed for any preparation or reparation.

9. "*Ague.*—The ague cures are quite simple and have always been to me interesting; they

are two in number. 1. Take a cup of strong vinegar and boil it; while boiling put in it two teaspoonfuls of pounded coffee and a half teaspoonful of pounded pepper; after these have settled, the diseased one, in the midst of the chills and shaking, drinks it all at once and as warm as he can swallow it, and the ague leaves him for good. I can bear an eye witness to this, having myself suffered very severely from the same disease, and being cured by this same remedy.

"The second method is by the plunging of the sick into cold water all at once. When the diseased is in the most intense degree of chills, calling for all the comforts or covers to be piled on him to keep him warm, then his friends take him by the hands and the legs and plunge him in a trough-full of cold water, and he is relieved.

10. "*Bleeding*.—This is done by cups, leeches and lancet; but leeches are in most frequent use. Leeches are kept for sale by our barbers, in coffee shops, in bottles filled with fresh water; that is, the water is changed every day. The Arabs also travel over the country in selling them.

11. "*Snake-bites*.—A snake bite is nothing uncommon in Armenia. As soon as a person is poisoned by a snake or some other poisonous animal or beast, the people catch a dozen or more frogs, cut them open and apply them one after the other in quick succession on the poisoned or bit spot. In case frogs are not convenient, chickens or lambs are killed and used in the same manner.

12. "*Hydrophobia*.—I cannot give a reliable answer to this, but I have seen tobacco used for the fresh bite of dog.

13. "*Hemorrhage*.—Salt water is the only remedy I can recall used to stop hemorrhage.

14. "*Freezing*.—I suppose you are aware that the climate is very severe in Armenia in winter, hence the cases of persons found frozen or almost so, are of common occurrence. You remember how the ten thousand Greeks froze to death in Armenia. When the person is only half frozen or frozen on his feet, he is put in a pile of cattle manure and kept there until he returns to his senses.

"I also remember seeing the juice of some kind of plant used for weak eyes and ear-ache; also the root of some wild flower for moving bowels, but I cannot recall their names, nor have I seen them in this country.

"I hope these facts will be satisfactory, as all that I have mentioned are reliable and true.

"Thanking you for your kindness shown me while with you, and also for your kind

invitation to your pleasant home, I am, with best wishes and kind remembrances,

"Sincerely yours,
"N. A. MORJICKIAN."

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, March 14, 1888.

The Vice-President, W. W. KEEN, M.D., in the chair.

DR. J. MADISON TAYLOR, read a paper on the

Early Recognition of Exophthalmic Goitre (Graves' Disease).

In the paper which I have the honor to read to you to-night, I shall not attempt to do more than call your attention to the importance of early recognizing a disorder which often eludes one, to point out certain features which should enable us to do so, and to offer in illustration, very briefly, the salient points in half a score of cases.

Exophthalmic goitre, or Graves' disease, is not a rare malady. At first it is merely a disorder, but frequently becomes a serious disease, and is known to cause death. More often it unfits its victim for active usefulness, or, at least, limits this and sadly disfigures him. Like certain other ailments the outcome of irregular nervous discharge, what in its incipency is a very manageable complaint, produces in time a disastrous effect upon the tissues, and forms a practically unconquerable disease. Dr. Jonathan Hutchinson says: "Graves' disease appears to me to be of the utmost importance, not only on its own account, but as what we might call a type malady. It is the most definite and striking example of which we know, of a severe and protracted malady which, despite its severity and persistence, yet has a natural tendency to recovery."

In reviewing a large number of cases in the search for a complete symptomatic picture, I find that the most constant early feature is sudden and marked evidence of loss of nervous equilibrium. The vaso-motor nerves seem quite unstrung. Hence arise flushing, sweating and other skin changes, diarrhoea and transient albuminuria. If at this time a careful watch be kept, I think we should find irregularities in the action of the pupil. The skin usually loses its healthy hue, grows sallow or dark, and becomes greasy to sight and touch. This oily look was present in

most of the cases I have seen, though I have not seen it mentioned elsewhere. Begbie recounts one case of pigmentation, or bronzing, of the skin; Reynaud calls attention to vitiligo; and Edward Squire, to a discoloration in an isolated instance. The oleaginous appearance seems to me quite constant on face and body. This grows less when salt sponging and belladonna form part of the treatment.

Gowers calls attention to muscular tremor. I have seen this rarely. In cases III and V there is a tremulousness in the voice, which I ascribe to nervousness; yet it is constant. The emotions become often so overwrought that various mental peculiarities excite apprehension. Or a wiser person may regard the case as one of pronounced hysteria; and, indeed, all through the malady hysteria remains present, more or less, leaving one not seldom in grave doubt. Frequently delusions occur, and these so closely in unison with the ordinary habits and thoughts of the individual as to render them most difficult of detection (see Case VI).

Dr. Hilton Fagge warns us to be on the lookout for "slight cases in which one or two of the cardinal symptoms may be absent throughout." Trousseau also insisted on this point. Von Graefe expresses the opinion that among women it is not rare to find instances of this malady where the only symptoms are disordered action of the heart, not accompanied by valvular trouble or hypertrophy, nor the faulty action of the lid as described by him.

Heart disturbance most often leads the sufferer first to seek medical advice. The pulse is always quick and irritable, usually intermittent. The heart-beats, as a rule, bear surprising relationships to the pulse. Overaction of the heart is well known to be a frequent feature of anæmia and chlorosis. Begbie thinks it a powerful factor in causing Graves' disease. Ross regards the anæmia which is usually present as rather a result. Throughout the whole vascular system there is a manifest lack of *tone*. So constant is this that it may yet be found competent to explain the causation of the disorder. Certainly the graver features bear causal relation to this state. The vaso-motor nerves seem all out of balance; nor can it be confined to one part, though the cervical sympathetic is most prominently involved. There are cases in which limited areas not governed by the upper ganglia show derangement, as in a woman now under the care of my friend, Dr. E. T. Bruen, where one side sweats from shoulder to toe, and the opposite eye is prominent. Arterial

tension varies rapidly, and unaccountably; hence the oft complained of noises in the head, amounting at times to terrific roarings (as in Case V). This may explain the manicacal attacks, as well as blood-spitting, thirst, and transient albuminuria.

The heart itself is rarely diseased. The overaction in time brings on hypertrophy; more commonly, dilatation. It also suffers from the general malnutrition which is noticeable throughout the circulatory system. The small amount of structural damage which this viscus sustains is a matter for remark, however, when the profound functional disturbance is considered. Systolic bruits are commonly heard, even over the auricles and the great vessels of the neck. Dyspnoea is distressing. This at times, even early in the history, alarms one who feels naught else to complain of. The thyroid enlargement is liable to appear long before the eyes become prominent, but readily escapes attention. It may happen that a sense of constriction is felt when swallowing, especially in men who wear tightly fitting collars. Both lobes are, as a rule, enlarged; but if only one, it is generally the right. When recovery takes place, this badge remains to chronicle the victory.

The eye prominence is late to appear, as a rule, and it would seem to mark the height of the disorder. Before the exophthalmos, there may generally be noted the sign asserted by von Graefe to be pathognomonic, a belated action of the lid in following a downward movement of the ball. Sometimes the lower lid is tardy in following an up glance. This obtrusion of the eyeball is the most picturesque feature, but happily it is not constant, and is often very late. It is of both eyes, mostly, but if of only one, again the right suffers. Sight is seldom affected, except where the outstanding, unprotected cornea suffers hurt or irritation; then opacities may result. If errors of accommodation exist, this correction, in my opinion, greatly aids in reducing the exophthalmos. Fundus lesions are not characteristic; though pulsation of retinal vessels may serve to confirm suspicions.

Knee-jerks are rarely abnormal; often in slight excess. Electrical examination has been, very recently, shown by Charcot, and confirmed by Vigoroux and Norris Wolfenden, to aid greatly in fortelling the onset of this trouble, the bodily resistance being greatly lessened most peculiarly in this disease. This may prove a valuable aid in diagnosis.

Case I.—This illustrates extremely well the more distinctive features other than

exophthalmos, which is not present—especially the marked vaso-motor disturbance.

Jennie H., aged twenty-three years, single; no neurotic history, intelligent, hopeful temperament; somewhat emotional and talkative. Vague history of a fall at two and a half years, followed by a convulsion, and, from time to time, "fits" are described, but not clearly. At first they seem to have been epileptiform, but later resemble emotional overflow. At fourteen years had typhoid fever, and for twelve months was "weakly." Some swelling of the limbs noticed—then came a period of good health. At seventeen years menstruated first, but not regularly for a year or more. At nineteen years began to work in a shoe factory, in a very exposed room, excessively cold in winter; frequently sat in wet shoes all day long. At twenty years, after a very painful day from cold, walked home in slush, profoundly exhausted; soaked her feet in hot water and went to bed. Then followed a nervous chill with throbbing pain at heart—it beat rapidly; an overwhelming sense of suffocation arose. From that moment the heart has been disordered. Then followed a series of medical pilgrimages to different dispensaries, with small benefit.

I think many of her symptoms were, even then, hysterical, masking effectually her real trouble. She had hæmoptysis, cough, great emaciation, and was treated for phthisis. The fits brought her under treatment for epilepsy. So far as I can learn, no one noticed anything amiss with the eyes or neck. I think there has been at no time exophthalmos, but a peculiar fluctuation in the condition of the pupils, which I infer is not recent. The dyspnoea grew worse steadily, till it became impossible to lie in bed; and for six or eight months she slept fitfully propped up in a chair. In May last a profuse blood-spitting prostrated her for four weeks; soon after the urine was suppressed for three days, with no pain—then a very dark, thick, offensive fluid passed. During the past summer was very weak and thin, but attempted repeatedly to work. Over-exertion at the wash-tub bowled her over again; several hemorrhages followed, and on October 1 she applied to me at the Howard Hospital.

I found a very pale, thin woman, suffering great dyspnoea; respiration 24; pulse fairly regular, 130 to 135; coughing incessantly; carotids throbbing wildly; pupils widely dilated; von Graefe's sign absent. There was complete mydriasis, as we found later, but no fundus lesion. The heart was laboring, loud musical murmur over base;

apex beat downward and outward; *bruit de diable* in vessels of neck; thyroid gland enlarged, especially to right side, conveying thrill to hand; neck fourteen and three-quarters inches; skin pale and oily looking, readily sweated, and became chilly; legs œdematous; menstruation had been absent for three years; bowels always loose; urine, small amount, bright red with blood; sp. gr. 1.009; no casts; knee-jerks excessive in both legs; station bad from weakness.

Treatment.—The treatment consisted of carefully regulated feeding and rest; to drink plentifully of flaxseed tea; iron, in form of Basham's mixture, and digitalis, and hot hip-baths; belladonna plasters to the over-excited heart; later, cod oil and bromides, with digitalis. In a week the pupils became responsive to light; cough greatly moderated; the urine only smoky; heart sounds more defined.

To be brief, in two months the cough ceased; she could lie comfortably in bed; ate well and slept well; pupils became normal; had two or three "spells"—a little scolding aided these. In six months the girl pronounced herself cured, but she is readily upset by trivialities; twice the pupils have widely dilated on catching a slight cold, and once recently the urine showed traces of albumin. The menstruation was established twice, and slight showing at other times. She can now work at house chores with small fatigue. Pulse about 85 to 95, when standing.

Case II.—Mrs. H., aged about twenty-eight, no neurotic history, two living children, came under my care in 1881 during a miscarriage with adherent placenta. A similar disaster had occurred also some months before. My attention was drawn to a most disfiguring degree of exophthalmos. This had been observed within a few months by a well-known physician, who also warned her that she could scarcely hope again to bear a living child—probably on account of the disorder thus indicated. There was then menstrual derangement and great dyspnoea. Digitalis and ergot were ordered, also care to avoid exertion, but no clearly defined schedule of living. This I supplied and rigidly enforced—insisting upon systematic feeding and rest. I also found an irritable pulse and temper, muffled heart sounds, etc., but very slight right thyroid enlargement, a markedly livid oily skin, sweating surface, loose bowels, and occasional albuminuria.

Under treatment consisting, as stated, of regulated living, digitalis, ergot, along with iron and other tonics, she steadily improved,

till in seven or eight months there remained only dusky skin and the eye and lid symptoms. These last I felt sure would improve under use of glasses rightly adjusted—she having a high degree of myopia. After some persuasion this was accomplished with most admirable results, for the exophthalmos materially lessened thereafter.

I may say, as a matter of interest, that I have since delivered this woman of three healthy children at term, each of which she suckled for a full year, and that she now enjoys excellent health. There is no heart trouble, no goitre.

Case III. Graves' disease; obscure and abrupt cause; extreme nervousness, cardiac distress; death. No autopsy permitted.—Mrs. S., aged thirty-six, no neurotic history, one child. Two years ago she seemed in perfect health, weighed one hundred and sixty pounds. Happily married, surrounded by every luxury and loving care. Sustained no shock, no fright or exhausting disease. Fell into the hands of gynecologists, who found displacements and tears, and repaired these, as it proved none too well. While sitting in perfect health at a theatre, not in the least excited or especially interested in the play, she suffered a nervous chill, and from that time the disorder rapidly grew. The chills frequently recurred, changing to what she described as "waves of feeling up and down the body;" on the slightest exertion sense of constriction in chest, and skin broke into a sweat. Afraid to step about the room. Bowels loose, slept badly, lying awake for hours feeling afraid. The disorder was not recognized.

Sent to Dr. Weir Mitchell with a description of "neurasthenia and heart disease," and through his courtesy I was allowed to see her repeatedly. She was a very excitable, nervous woman, rather thin, weighing one hundred and ten pounds, with a frightened, restless expression. Eyes slightly prominent, some little slowness of upper lid, injection of cornea, tremor in voice, tremulousness of hands on movement, constantly plucking at bed-clothes or handkerchief, or arranging her hair or dress; throbbing carotids, pulse of 125 to 135 lying, and very irregular, loud musical murmur, etc. Bronzed, glistening skin, chilly hands and feet, sweats readily, etc. Thyroid enlarged almost symmetrically, conveying thrill to the hand. Some improvement under rest and tonics. Another operation was found necessary, and though slight, she sank and died. No autopsy allowed.

Case IV. Graves' disease; slight exoph-

thalmos; slight thyroid enlargement; cardiac disturbance; delusions and rapid loss of flesh; caused probably by exhaustion from bearing ten children, and precipitated by sharp dysentery; recovery.—(By permission of Dr. Weir Mitchell and partly under my care.) Mrs. J., aged thirty-nine years, family history good, most favorable surroundings; ten children; began a year ago to lose flesh rapidly during severe dysentery; appetite very poor since. Slight delusions; vertigo. Eyes only noticeably prominent; corneal vessels injected; restless expression; slight tremor; skin clammy and glistening; dyspnoea. Thyroid enlarged a little; heart noisy; no valve defect; very emotional; albumin and mucopus in urine. Under tonics and rest gained steadily. Referred to me at seashore in summer; rapidly picked up flesh and strength there; gained forty pounds. Now describes herself as being in good health.

Case V. Graves' disease; slight exophthalmos; slight thyroid enlargement; cardiac disturbance and tremor; marked improvement.—Miss R., aged twenty-five, family history good. At ten years had typhoid fever, at eleven very severe dysentery; long in regaining strength; much headache at nineteen years, an illness began by neuralgia in face and marked prostration; noticed rapid breathing; soon eyes were remarked as being "curious looking;" tried to gain strength by exercise in open air. In 1881 again fell ill. In March, 1882, consulted Dr. Seguin, who pronounced unfavorably; at that time had much oedema in legs; ordered digitalis; quiet. Following November grew much better; partly in bed for several months. December, 1883, she saw another physician, who relieved the increasing diarrhoea. May, 1881, to May, 1884, menstruated only once; thence irregular till a year ago, since then fairly regular. Weight about one hundred and thirty-five; skin moist and shiny; beads of sweat on upper lip; tremulous lip and tremor in voice, this seems a constant feature; at times tremor in muscles elsewhere. Exophthalmos slight; von Graefe's sign in both eyes; pupils normal; corneal vessels injected; flushes readily; not pale; heart tumultuous; no valve defect; pulse intermittent, one beat in three or seven, very difficult to count. Thyroid enlarged symmetrically; well-marked thrill; loud bruit in right neck; buzzing in head; sweats almost constantly; respiration 28, sighing; dyspnoea great on slight exertion; cannot lie in bed at night; bowels loose.

Rapidly improved in most respects under treatment by regulated living, digitalis, and

belladonna; tonics, iron, etc.; salt sponging; hot hip baths; menstruation more comfortable. In January had an attack of nervousness at night time, sense of great pressure in head and flashes of heat over body; ringing in ears. Eyes were examined by Dr. de Schweinitz, who found slight hypermetropic astigmatism; no fundus lesion. Alternate hot and cold water to nape of neck relieved the sounds in head. Is steadily improving to date.

Case VI.—Miss D., aged twenty-four, family history decidedly neurotic. Mother "queer." At one year scarlet fever followed by "water on the brain;" soon recovered good health. Menstruated at fifteen.

August, 1885. Dysentery.

December, 1885. Heart began to alarm her. Vertigo sitting or walking; grew weak, short of breath, and extremely nervous; could not sleep, began to groan loudly in sleep, which continued till recently. Skin itches intolerably; sweats rapidly on exertion. Roaring noises in the head. Legs swelled, also feet—"the buttons were burst from the shoes."

March, 1886. Neck enlarged. In May the eyes started forward. Appearance: Eyes very prominent, sclerotic shows half an inch or more above and below; lids puffed, corneal vessels injected, face bloated and livid; skin greasy. Thyroid enlarged in three directions, most on the right; neck thirteen and three-quarter inches. Heart sounds clear; impulse heaving; slight systolic whirr. Pulse regular, 112 standing. Bowels very loose; tremulous voice. Eyes examined by Dr. Hansell, show some accommodative defects, but no fundus lesion. Urine albuminous. Decided delusions. No improvement.

Case VII.—Miss M. D., sister to above, well-grown girl, well till a year ago, when she had "walking typhoid"; afterward very weak; fainting spells; vertigo on walking; sweats readily; constantly chilly, especially the hands and feet. Buzzing in the ears. Menstruated at thirteen, but it is extremely irregular, rarely lasting over two days. Eyes showed no lid sign; no exophthalmos. Thyroid enlargement right; neck twelve and three-quarters inches. Heart quick and feeble; muffled sounds, roaring noise over the right clavicle and through the thyroid, also marked thrill. Carotids pulsating visibly. Pulse, 128 to 130. Very pale. Is improving.

Case VIII.—Mrs. S., aged forty-six; mother living, a "fidgety" woman, has two children. Fairly good health till 1881, when she had typhoid fever, followed by

large abscess in the abdomen, opened in two places. Treated in the Jewish Hospital. After this shortness of breath began. In 1881 a financial blow greatly worried her; she would sit and brood over her troubles, then the fever. Exophthalmos began, along with diarrhoea; sweated a great deal on both sides. Buzzing in the ears. Appearance: Strongly built woman, weight 130 pounds; skin muddy and dusky. Left eye very prominent, right less so; lid signs of both eyes. Carotids throb moderately. Heart sounds clear and distinct; slight bruit. Has been under treatment for eight or nine months. Digitalis and iron and belladonna. Dyspnoea greatest on cold days. Urine at times profuse; no albumin. Edema of legs fluctuates. Is steadily recovering, though susceptible to fatigue, cold, and shocks.

I hope to discuss the treatment, on which I have some decided opinions, on another occasion. This consists mainly of rest, judicious feeding, tonics, and carefully selected sedative measures.

Competent glasses, too, are essential; at times sharp counter-irritation; especially diuretic remedies and attention to the emunctories. Galvanism, too, has immense value in some instances, but requires judgment in selection of cases.

In brief, whatever measures tend to repair the tone of the vascular system, and allay nervous excitability will best bring about gratifying results.

In opening the discussion Dr. S. D. RISLEY said: I would like to ask Dr. Taylor whether there is any indication by which the development of exophthalmos can be expected in cases in which it has not yet appeared.

DR. J. B. ROBERTS: I believe that the great ocular deformity which is so unpleasant to the patient, and attracts so much attention, can be remedied by a very simple operation: merely putting a stitch at the outer canthus, after freshening the edges of the lids, to diminish the optic commissure after the case has made such progress that it is reasonably certain there is to be no further diminution of the prominence of the eyeballs. The patient can be made more comfortable and less conspicuous.

DR. EDWARD JACKSON: The procedure suggested by Dr. Roberts might be resorted to for other than cosmetic reasons. I recently saw a case of this disease with very great exophthalmos, in which one eye had been lost through sloughing of the cornea due to exposure; and I afterward learned that the second eye had been lost in the same way.

Such an accident might be prevented by narrowing the fissure of the lids.

DR. A. V. MEIGS: I know of one person who has completely recovered from this disease, a woman who had a very severe attack many years ago, under the care of my father. The prominence of the eyes, which was very great, is now hardly noticeable, and yet no operation was ever done. I do not think much would be gained by sewing up the canthus, for while the disease is in its acute stage, it is hardly likely the operation would afford much relief, and later, if the patient recovers at all, the difficulty cures itself. I think I know the case Dr. Roberts had in his mind when he spoke, and Dr. de Schweinitz, who has seen the woman in question, will probably agree with me that nothing would be gained by an operation. One thing I have learned of recent years, and it is that it is not necessary in all cases to put the patient in bed. I could mention three or four cases I have successfully treated with tonics and proper regimen, without its becoming necessary to have rest in bed; the cases, to be sure, were not severe. Dr. Taylor speaks of the early recognition of the disease. For my own part, I do not see how a positive diagnosis can be made until we have at least two of the features of the disease present, namely, the cardiac palpitation and some thyroid enlargement; the prominence of the eyes occasionally does not manifest itself, but a diagnosis can undoubtedly be made in its absence.

DR. G. E. DE SCHWEINITZ: I have examined the case that Dr. Meigs refers to, and I saw nothing to be gained by surgery. The eyes were at first very prominent, but they were then receding, and now the normal relation of lids to eyeballs is restored. Inasmuch as there was considerable myopia, and hence the not uncommon prominence of myopic eyes to begin with, they will always be more or less conspicuous.

DR. S. SOLIS-COHEN: I have been extremely interested in this valuable paper of Dr. Taylor's, the more so that I think I recognize in his first case a patient whom I have seen, but in whom I did not recognize this disease. She was treated at the Jefferson Hospital some three years ago for anæmia, and was apparently cured. A year ago she returned with the history of "fits" spoken of by Dr. Taylor, and was irregular in attendance and unreliable in statement; the hysterical element so noticeable, probably preventing the careful investigation the case should have received. I consider it the more remarkable that thyroid enlargement should have escaped notice at the clinic in this case, as the comparatively

frequent discovery of it at one time, in cases of cardiac and vaso-motor disturbance, has put all the clinical assistants on the lookout for the phenomenon. I can thoroughly agree with Dr. Taylor that vaso-motor paresis plays an important part in the development, if not in the genesis, of this disease. The only case I have seen in the male subject occurred in a young man subject to frequent attacks of flushing of the face, sometimes accompanied with high temperature, in whom the rapidity of the heart's action had led to a diagnosis of hypertrophy of the heart, not warranted by physical exploration. The eyes were not involved at the last time I saw the patient, nor was thyroid enlargement sufficient to attract attention without special examination. I have now under my care in private practice a young lady not at all hysterical, subject to similar attacks of flushing which sometimes leave behind for a short time wheals like those of urticaria. She has also had two attacks of sudden transient blindness, after which all that could be detected in the fundus was moderate congestion. This patient's cardiac action, rapid and irregular at these times, is at other times perfectly normal. No organic lesion of any kind has been detected either by me or by more competent observers. It is possible that this may be an early stage of Graves' disease. Improvement has taken place under minute doses of picROTOXIN, a drug which Dr. Bartholow has prescribed in cases of exophthalmic goitre, at the hospital, with very good results. One case especially I recall which was associated with purpura. I would like to know whether Dr. Taylor has met with this association. A very interesting case of acute exophthalmic goitre presented at the clinic, which Dr. J. C. Wilson may remember as the subject of one of his clinical lectures; an anæmic young girl affected from childhood with nystagmus, in whom goitre and exophthalmos were asserted to have developed within a short time after a fall from a ladder. She was unable to button her collar, which friends had opened in attending to her after the accident.

DR. J. C. WILSON recalled the case mentioned by Dr. Cohen, but not with sufficient distinctness to add anything of importance to the account already given. Dr. Wilson briefly narrated two cases of Graves' disease, recently seen in his private practice, in which the symptoms developed rapidly after mental shock. The patients were young women. The first, a servant, aged twenty-four, of previous good character, was engaged to be married to a young man who was by occupation the driver of an ice cart. Within a day

or two of a visit to her, he was accidentally killed, and her first knowledge of his death came through the newspapers. Cardiac overaction at once developed, and within a month thyroid enlargement, and slight exophthalmos. Under rest and large doses of Fowler's solution complete recovery took place in a year. The second case was that of a lady, aged twenty, who rapidly developed the characteristic symptoms of Graves' disease after the shock and grief occasioned by the disappearance of a near and loved relative, and the discovery that he was a defaulter to a very large extent. The prominence of the eyeballs was in this case very slight; the other symptoms were characteristic. Under treatment by rest and arsenic decided improvement took place. It is now a month since she last reported.

DR. TAYLOR: In reply to Dr. Risley's query, Does any sign clearly foreshadow the exophthalmos? I can only say that I know of none, nor did I see anything in the literature of the subject to aid us. It usually marks the height of the disorder, though this may be the first feature noticed, especially when it arises suddenly as from shock or overwrought emotion.

To Dr. Meigs' objection that the three classical symptoms can alone and in conjunction constitute the disease, I can only say that it seems to me readily possible to recognize in the peculiar vaso-motor disturbances the extreme and unaccountable nervous excitability, the appearances of the skin, etc., the early stages of this disorder. In fact, the object of my paper was to call attention to this very possibility, so that a quietus might be placed upon it at the very beginning, if possible.

In the use of galvanism we have a valuable aid in diagnosis, as Charcot and Vigoroux have pointed out, but in the treatment it has not been of greater use than some other measures, though it should always be used in the severer cases. Many of my own patients live out of town, but upon those in reach I use it.

In my endeavor to be brief I did not intend to say much on plans of treatment, leaving that for consideration elsewhere, but rather to speak of early recognition and early treatment, which should consist of rest, carefully regulated living, food, and tonics.

In opening the discussion, Dr. Thomas's paper on

Graduated Tenotomy in the Treatment of Insufficiencies of the Ocular Muscles (Stevens's Operation).¹

DR. H. F. HANSELL said: I would like to

¹ See page 460.

ask Dr. Thomas for a more definite statement as to the means of diagnosis. To my mind these are not at all satisfactory. The recognition and the exact determination of superior and inferior insufficiencies are very difficult, much more so, than of lateral defects.

DR. B. ALEX. RANDALL: I have for years taken great interest in the subject of muscular insufficiency, the more so because I have myself been troubled with a defect of the kind, which Dr. Risley corrected for me ten years ago; and with his kind aid, and independently, I have been studying the matter since. As to diagnosis, much has been written, sometimes pretty wide of the mark; and I cannot see that Dr. Stevens has improved our methods. He has brought forward a very nice set of terms for what we have long known, and he has expressed clear-cut opinions which read well. In the same way, Landolt makes out very pretty graphic charts of cases, and marks out well defined groups, which are to be treated according to certain rules. But the cases which I meet in practice refuse very often to be included in such categories, and very dissimilar cases afford discouragingly similar charts.

I understand from Dr. Thomas's paper that the estimation of defects is largely made with a distant object, presumably a light at twenty feet. To do this we must know the refraction and the accommodation, and I suppose that these are investigated as a matter of course. But it is not safe to take the accommodation for granted. I can myself change my exophoria to apparent esophoria by the accommodative effort, so-called; and every patient may as readily do the same.

As to correction by operation, I cannot speak like Dr. Thomas from personal experience. We all know that when a certain degree of error is reached it is necessary to operate, and Dr. Stevens places that point very low. His method of operating is highly praised as a delicate one, but the necessity of dividing the operation into many steps is rather unfortunate. However, if he can thus relieve epilepsy, that minor disadvantage may be overlooked. It may be said in conclusion, that except in pointing out that *hyperphoria* is a frequent cause of perplexing and irregular insufficiencies of the lateral muscles (?), Dr. Stevens has added little to our knowledge of the nature of these affections; that in his claims as to their importance, he has gone much further than the experience of equally competent and diligent investigators has enabled them to confirm him; and that in his operative treatment he has merely developed a refinement of the partial tenotomy long in

use, as the only means of correcting without overdoing it, the minute deviations from the perfect balance which he deems worthy of operative interference.

DR. THOMAS: Lack of time prevented me from treating at length in the paper of the points as to diagnosis which have been made the subject of questions. There is a variability, and yet, after all, a certainty in these tests which comes as the result of practice and observation. There is an irregularity in the results of the tests from day to day, but after getting the extreme limits of the swing and studying all the circumstances of the case, one is able to strike an average which very fairly represents the error to be corrected. Then a prism is temporarily adjusted to compensate for this error; and thus we make a crucial experiment and are further guided by the effects obtained. A lighted candle at twenty feet, and the dot and line of von Graefe at reading distance, are *both* to be employed as test objects, and a comparative study should be made of the results obtained—both in the absence and in the presence of accommodation. In this way we frequently get important clews. Sometimes anomalies appear in the action of the lateral muscles comparing the tests at reading distance with those at twenty feet; and when great erraticism of this sort is shown, we may be pretty sure in the majority of cases that we shall in the end find a manifested hyperphoria. Unfortunately, there is no known analogue of the mydriatics which we can well use in these cases, and yet with great patience and watchfulness we shall usually succeed. My results are hopeful in epilepsy, but my operations are too recent to speak positively of cure.

In reply to a question by Dr. Osler, Dr. Thomas said that he had not as yet met with any case of chorea suitable for the operation.

HOSPITAL NOTES.

PHILADELPHIA LYING-IN CHARITY.

TREATMENT OF MAMMARY ABSCESS.

Reported by Chas. P. Noble, M.D., Senior Assistant Physician.

From the therapeutic standpoint, mammary abscesses may be divided into those of recent formation and those of longer duration. The treatment of recent cases, those in which the abscess has not discharged, is similar, whether sub-dermal, parenchymatous or sub-mammary. The sub-dermal abscesses, usually connected with Montgomery's

glands, are generally trivial, and would doubtless heal after incision without special precaution. It is more than questionable whether sub-mammary abscesses are not simply parenchymatous abscesses where the pus has burrowed posteriorly in seeking an outlet. So that practically we have the parenchymatous abscess to deal with. The indications are to evacuate the pus and promote the healing of the cavity. These are met by an incision sufficient for drainage, with the antiseptic dressing. The incision and manipulations are so painful that ether is required. The service at the Charity has afforded but few cases of this class, and these, with but one exception, were outside cases. This woman was syphilitic and septic. In the maternity wards strict prophylaxis is maintained, with the above happy result. The operation is done as follows: After etherization, the breast and surrounding parts are scrubbed with soap and water, and then disinfected with sublimate solution (1-2000). A radial incision one-half inch long is made down to the abscess. If the amount of pus is small, and seems to be thoroughly evacuated, the cavity is irrigated with the sublimate solution and the dressing applied. Otherwise the finger is introduced, neighboring abscesses, if any, are opened, necrotic septa broken down, and the necrotic masses thoroughly removed by irrigation. Large cavities with communicating sinuses are packed with sublimate gauze; in moderate sized cavities the drainage-tube is used. The dressing consists of sublimate gauze, absorbent cotton and the roller bandage. In the milder cases redressing is not practiced for several days, without special indications; in the others, after twenty-four or thirty-six hours. Then the packing is removed, irrigation practiced, the tube or a smaller amount of gauze inserted, and the dressings reapplied. The process is repeated when the discharges soak through the dressings. Healing has been rapid and without incident.

In the cases of longer duration the condition is usually one of mammary fistulæ with recurrent abscess formation. The so-called pyogenic membrane is present. Several cases with extensive sloughing (one during pregnancy) have been under care. The same operative technique is observed. The incision, or incisions, are frequently extensive, the radial direction being observed as nearly as possible to avoid cutting across the milkducts. The neighboring abscesses are carefully opened; the partition walls broken down with the finger, or incised; the walls of the sinuses and abscesses scraped with the finger or cu-

rette; and the whole disinfected with sublimate solution, and the detritus removed with the irrigator. The operation is sometimes extensive, and the amount of blood lost considerable. In these cases sutures are introduced whenever primary union can be gotten or contraction favored. Equable pressure, secured by cotton and the bandage, greatly favors closure of these cavities. The drainage-tube and gauze packing are used, and the after-treatment is similar to that described. In no case has there been a failure to obtain a cure, in some brilliant results were attained, and in general the healing process was steady and progressive. In some cases granulation was stimulated by the occasional use of silver nitrate. Sublimate irrigation favors granulation. Nursing from the affected breast is suspended, and the patient confined to bed until the healing process is far advanced. The essentials aimed at in this method are thorough opening and evacuation of all pus sacs, thorough drainage, and thorough antiseptics, together with the enforcement of perfect rest. The method is based on that of Billroth, and is, indeed, but the application of general surgical and Listerian principles.

PERISCOPE.

Anomalies of the Genital Organs in Idiots and Epileptics.

In the *Progrès Médical*, February 18, 1888, Bourneville and Sollier communicate the results of their personal study of the genital organs of 728 idiots, or epileptics who were more or less imbecile or demented. They give elaborate tabulated statements of these cases, and sum up the results of their observations in the following statements:

1. In the first place, it is obvious that idiots and debilitated epileptics present anomalies with extreme frequency as compared with sane people. 2. Those who have become epileptic at a certain age, and after being partially developed, present much fewer anomalies than the simple idiots. Their genic functions, unhappily, seem less affected than in the latter, if one may judge by the fewer number of cases of concealed testicle. 3. Atrophy of the testicle seems to affect the right side nearly as frequently as the left, although it is a little more frequent on the latter—a statement which confirms the general opinion of authors. 4. The physical and intellectual degeneracy produced by epilepsy seems to have

a definite influence upon the production of varicocele, for idiots who are non-epileptic, do not, so to say, present it. 5. When epilepsy seizes upon a child at the beginning of its life, it produces throughout its being an arrest of development which is much more marked than when epilepsy occurs in adolescence, and this arrest of development, while appreciable upon the whole of the individual, is most characteristic in the genital organs. 6. Idiots, epileptic or non-epileptic, frequently present a particular form of the penis, called bell-clapper or club-like. This shape is not acquired by masturbation, as certain of those who present it have never been addicted to masturbation.

The Etiology of Phthisis.

Dr. R. W. Philip, Physician to the Victoria Dispensary for Consumption and Diseases of the Chest, Edinburgh, in a communication upon the Etiology of Phthisis to the *British Med. Journal*, January 28, 1888, says, in conclusion: 1. In view of the work of Koch, it is impossible to avoid admitting that a causal relationship exists between the tubercle bacillus and the phthisical process. 2. The mere predication of this relationship is not sufficient in explanation of the clinical facts and the generally fatal termination of such cases. 3. The usually received explanations of the *modus moriendi* in phthisis are insufficient. 4. It appears probable that the lethal influence of the bacillus is due to the production thereby of certain poisonous products. 5. Clinical and experimental evidence appears to indicate that the morbid secretions from the respiratory surfaces afford a good medium for the growth of the tubercle bacillus, and, presumably, for the elaboration of such products. 6. Such a product is separable from the carefully selected and prepared sputum. 7. This product is possessed of well-marked physiological properties, being eminently toxic to frogs, mice, and other animals. 8. The toxic properties of the product are, generally speaking, depressant. 9. More particularly they include a marked depressant influence on the heart. 10. This depressant influence seems to be exerted through the medium of the cardio-inhibitory mechanism. 11. The toxic action of the product is more or less completely opposed by atropine. 12. The amount of the product which may be separated appears to bear a distinct relation to the abundance of the bacillar elements present. 13. Absorption of the poisonous product most probably occurs by way of the lymphatic circulation.

Black Tongue.

In the *Münchener med. Wochenschrift*, No. 14, 1887, Schech describes under the name "black tongue" a condition of the tongue which occurs without subjective symptoms and in which the coloration is not due to ingested coloring matter. The color is a more or less pronounced darkish or blackish brown, even blackish blue. Only at times is there a feeling of dryness, or a bad odor. The coloration begins for the most part immediately in front of the circumvallate papillæ, on one or both sides, and extends to the point of the tongue. The latter and the borders of the tongue are, in the meantime, nearly always normal. The affected parts seem rougher than the ordinary condition, and are set with longer or shorter fibres. This affection has been regarded as parasitic, and Dessois has given the name "glossophyton" to the fungus found in it. Schech, however, looks upon these fibres as excessively enlarged, pigmented and horny filiform papillæ. The cause has been referred to the smoking and chewing of tobacco, but probably this is a mistake. Treatment is unnecessary, as the affection causes no trouble. Weak alkaline mouth-washes are lauded; and, in case of necessity, mechanical removal of the fibres is recommended.

Ascending Paralysis after Whooping-Cough.

P. J. Moeblus reports to the *Centralblatt für Nervenheilkunde*, 1887, No. 5, a case of paresis which developed in conjunction with whooping-cough. The patient was a child, three years old, and the paresis affected first the limbs, then the arms, the throat muscles and the diaphragm. Tendon reflexes were absent; but there was no disturbance in sensibility, no change of the electrical excitability, and no atrophy. After the paralysis had persisted several weeks, recovery occurred. The author believes that the disease is to be referred to an affection of the peripheral nerves—a multiple neuritis; he is inclined to regard it as a nervous sequela of whooping-cough, and as analogous to the post-diphtheritic paralyses.—*Centralblatt f. d. med. Wissensch.*, Dec. 10, 1887.

Sewage Farming in France.

The project to utilize the sewage of Paris in the lower part of the forest of St. Germain has been ratified by the French Chamber, notwithstanding the opposition of the residents of that district, who fail to see, in the more prolific growth of cabbages and other edible vegetables, an adequate compensation

for the almost inevitable inconveniences of the system. Victor Hugo's remarks upon the wastefulness of the present system of sewage disposal in his well-known work, *Les Misérables*, will not have been merely interesting if they have aided in bringing public opinion around to his views. It was urged that over \$5,000,000 was lost annually to agriculture by not consigning sewage to its natural destination—the soil—but all such estimates must be taken *cum grano salis*, seeing that in this country, where the system has been carried out on a very large scale, and on the most scientific principles, the authorities consider themselves very fortunate if they succeed in covering their expenses—a result indeed which is seldom attained. If the scheme prove satisfactory—and there is no reason why, with certain restrictions it should not be so—the present system of scavenging in Paris will be abolished.—*Medical Press and Circular*, February 15, 1888.

Terpin Hydrate.

In a communication on terebinthines to the *Lancet*, March 10, 1888, Dr. Prosser James says that terpin hydrate has only a slight taste, is rather insoluble, has no odor, and is solid. It may be seen as small needles when it spontaneously crystallizes from a mixture of turpentine and water, or may be obtained in large rhombic crystals by allowing alcohol (three parts), turpentine (four), and nitric acid (one) to stand in shallow dishes three or four days. It is dissolved in only small proportion by cold water or turpentine, but is taken up more readily by hot water, alcohol and ether. For this reason it is best given in pills or wafer paper. For small doses pills containing two grains each are convenient, and one can be taken every three or four hours. For larger doses, which should not be repeated so frequently, wafer paper is better. An emulsion may also be made; but this is not an agreeable method. The hydrate may, however, be dissolved in warm glycerine, and after solution an equal quantity of some syrup may be added. It is well to begin first with small doses, as these are sufficient to act upon the bronchial mucous membrane and also to affect the kidneys. It will be found useful in restraining the cough and secretion of bronchitis, and in stimulating the membrane to more healthy action, perhaps also disinfecting the sputa. Germain Sée has also found that full doses restrain the copious sputa of some cases of phthisis, and he met with no gastric irritation after long continuance of the drug; but others have not been

equally fortunate. In some instances small doses seem to increase bronchial secretion. It has also been employed successfully in hæmoptysis.

Simple Ulcer of the Duodenum.

The practical conclusions of Dr. Bucquoy's recent publication upon a clinical study of simple ulcer of the duodenum, are thus stated in the *Gazette Médicale de Paris*, Jan. 28, 1888: Without doubt the disease has a latent character, which renders the diagnosis difficult, but it presents some symptoms which permit us to determine the existence of the duodenal lesion. Its symptoms are: 1. Intestinal hemorrhages or black vomit, beginning abruptly, occurring at times in the midst of apparent perfect health, without serious consequences, but, later, repeating themselves several days, with more or less intensity, in such a way as to compromise the life of the patients. 2. A pain, existing nearly always in the region corresponding to the inferior surface of the liver, a little to the right of the linea alba. 3. Some digestive troubles, or extremely violent attacks of colic, manifesting themselves ordinarily three or four hours after the ingestion of food. 4. Termination by perforation of the duodenum, followed by fatal peritonitis, or by repeated or alarming hemorrhages.

Rare Case of Acute Iodism.

In the *Wiener med. Presse*, No. 28, 1887, F. Heller reports the case of a man, 30 years old, who became salivated following a short course of treatment with mercury for a primary syphilitic sore. He was ordered:

R Potassii iodidi.....3j
Aque destillat.....f3ij
Syrupi cinnamomi.....f3ij
Mix. Sig.—Tablespoonful 3 times a day.

After the very first spoonful the patient felt a strong burning in the mouth, and soon great itching of the surface of the body, headache, violent pains in the fingers, benumbing of sensibility, feeling of dryness and irritation in the throat, and difficulty in swallowing. After a second tablespoonful of the medicine these symptoms were increased and there appeared on the palmar surfaces of both hands, and particularly of the fingers, small red, somewhat elevated maculæ, which were due to effusion of blood and were extremely painful. Then coryza, conjunctivitis, and flushing of the face also occurred. The pulse was about 100, the appetite not much affected. In spite of discontinuance

of the drug the symptoms kept up for two days. The spots were then of a rusty-brown, painless and no longer elevated, and after eight days the iodism disappeared. The patient had some years before manifested a tendency to skin diseases, especially of a hemorrhagic kind.—*Centralblatt f. d. med. Wissensch.*, January 7, 1888.

Treatment of Puerperal Sepsis with Salicylate of Sodium and Alcoholics.

Von Jaksch, of Gratz, in a comprehensive article in the *Wiener med. Presse*, No. 1, 1888, speaks in the most positive terms of the value in puerperal sepsis of salicylate of soda in combination with alcoholics. His opinions are based upon fifty cases treated in the wards of Nothnagel, in Vienna, under von Jaksch's personal supervision. He began the administration of the drug by giving seven and a half grains of salicylate of sodium hourly until the temperature fell to normal, a result generally obtained in fifteen to twenty hours. Symptoms of intoxication were rarely observed; when they appeared in force the dose was reduced one-half. He considers symptoms of intoxication no reason for abandoning the treatment, and after four or five hours he was generally able to resume the original doses. In conjunction with this treatment he employs alcoholics in full doses, cognac, sherry, and any form of good wine being freely given, with the best possible diet. In the event of heart failure becoming imminent, hypodermic injections of camphorated oil and other cardiac stimulants were given. If five or six doses of seven and a half grains of the salicylate produce no effect, von Jaksch does not hesitate to give fifteen grains hourly, and considers the administration of four and a half to five drachms of sodium salicylate in twenty-four hours fully indicated in severe conditions. The only ill effect he has seen follow this treatment is mild delirium.

Von Jaksch is not prepared to assign to sodium salicylate a specific action upon puerperal sepsis, but he desires to call the attention of those who treat large numbers of puerperal women to its use, and he advises, in cases in which a moderate rise of temperature occurs *post-partum*, that the drug be given promptly, sixty to seventy-five grains daily, and if severer symptoms follow the full doses, he would administer the remedy, in doses of from forty-five to sixty grains daily, to pregnant women just before labor, when the surroundings are very unfavorable and non-hygienic.—*American Journal of the Medical Sciences*, March, 1888.

THE Medical and Surgical Reporter.

**A WEEKLY JOURNAL,
ISSUED EVERY SATURDAY.**

CHARLES W. DULLES, M. D., EDITOR.

Original Contributions will be paid for when published; or 200 reprints will be furnished in place of payment, if a request is sent with the manuscript.

The Terms of Subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Quarterly Compendium of Med. Science, -	2.50
Reporter and Compendium, - - -	6.00
Physician's Daily Pocket Record, - - -	1.25
Reporter and Pocket Record, - - -	6.00
Reporter, Compendium and Pocket Record, 7.00	

All letters should be addressed, and all checks and postal orders drawn to order of

Drs. RANDOLPH & DULLES,

N. E. Cor. 13th and Walnut Streets.

P. O. Box, 843.

Philadelphia, Pa.

A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER is published in each number. The edition for this week is 6,500 copies.

STANDING OF THE PHYSICIAN IN THE COMMUNITY.

In a recent issue of *Truth*, Mr. LABOUCHERE, its brilliant and somewhat opinionated editor, takes an English physician named Allan to task for having refused to attend a woman in confinement until he had been paid a guinea in advance for his services. During the delay incident to the woman's husband's securing the required guinea, his wife died. About the same time the *Medical Press and Circular* contained a letter from a physician, who complained because he was accused of having caused the death of a child with diphtheria, whom he attended, and upon whom he performed tracheotomy, actually sucking out the obstruction in the tracheotomy tube when it became clogged. He left his little patient doing well, with instructions to the parents to clear the tube in a like manner, if it became clogged again. These instructions were not carried out when the difficulty recurred, and the child died. In spite, however, of the physician's unwise zeal for this child's good, he did not escape being accused of having caused the very result he had done so much to avert.

In one of these stories we have an *ex parte* statement by a layman of what seems like heartless behavior on the part of a physician; in the other we have an *ex parte* statement by a physician of what seems like base ingratitude on the part of a layman. Both stories—whatever may be the merits of each case—indicate the unsatisfactory relations often existing between physicians and their patients in Great Britain: a condition which is frequently brought to the attention of the readers of English medical journals. In that country, it appears, medical men are continually struggling against distrust and suspicion, continually striving for an appreciation and recognition which is refused them or extended with apparent reluctance. Such occurrences as we have referred to above are supplemented by a sort of chronic lament from the medical journals that titles are not conferred upon physicians who distinguish themselves by scientific attainments or by the heroic performance of their duty, as they are conferred on men in other walks of life. And, on the other hand, it seems, at this distance, as if the ruling class in England looks upon medical men as belonging to an inferior class, whose effort to rise is too obtrusive and needs to be repressed.

This state of affairs is happily hard to understand in America, where no class in the community enjoys more the confidence and affection of the others. It may be because we have no distinctions which are not open to all who have merit and perseverance, that here the medical man occupies an enviable position in the social world, in the country as well as in the city. Whatever honors the community can bestow are freely bestowed upon physicians in America; and, better than this, the physician here enjoys to a very high degree the heart-felt love of those to whom he ministers. No men in America, we believe, have a more satisfactory lot than the doctors, surrounded by grateful and affectionate friends, and rewarded for their labors by substantial and sentimental returns which leave nothing to be desired. Here, as everywhere, medical men must work hard, and sometimes get no money for their best serv-

ices; but, in the main, they are the recipients of so much kindness that they are thoroughly happy and contented.

This very contentment, the sense of receiving all the appreciation which they deserve, is probably one of the most important reasons why they have so little occasion for discontent. There is no ground for pushing, and the community grants freely what it would, perhaps, never yield on compulsion. So it happens that in America the relations between medical men and their fellow-men are of the most satisfactory character. For this, let us all be duly thankful, and let us all endeavor to continue to enjoy it by continuing to deserve it. It will never cease, so long as medical men look more at what they do than at what they get, and labor—not for praise, but for praise-worthiness.

PRESCRIPTION OF COMMERCIAL FORMULÆ.

In another part of this number of the *REPORTER* we give space to a notice of an interesting pamphlet by Mr. Emlen Painter, a pharmacist of New York, in regard to the employment by physicians of certain compounds made and sold by manufacturing chemists. We have much sympathy with the desire of pharmacists to avoid the expense and pecuniary risk to which they are subjected by physicians who take up for a short time, and then abandon, the many preparations urged upon them by the agents of these enterprising firms. But the case is by no means so plain as Mr. Emlen supposes. Even the simple laxative pills which he cites as objectionable are, in our opinion, of great utility. He has greater confidence in the average druggist's assistant than we have, or he would not advise physicians in general to prefer extemporaneous preparations to those made in large quantity by firms which have acquired a reputation for integrity and skill in this work. It is not long since the writer of this editorial saw a qualified druggist's assistant measure out three times the ordered quantity of a drug and add it to a mixture nearly complete, which had to be thrown away when the error was detected. This occurrence indi-

cates one of a number of reasons why the preparations of well-known manufacturers are often preferred by physicians to those which they can get made to order in the drug shops. In addition to this, the fact cannot be denied that many medical men are not loath to prescribe a manufactured article which gives them certain results, even though they do not fully understand what are all of its ingredients. To them it is something that they are saved the trouble of thinking out a formula, and they are by no means unwilling to take what they believe is the result of careful and skilful elaboration by others who have made a specialty of it, as a reliable remedy for the conditions for which it is recommended, and to continue to prescribe it as long as it produces the effects they desire.

In this we think they do well, and it rests with the pharmacists to convict them of error if they are wrong.

A more serious objection than that to which we have alluded is raised by Mr. Emlen against certain preparations, which he intimates are actually fraudulent, because they are not made up in accordance with their published formulæ. If this be the case, then they are undoubtedly frauds, and deserve the severest condemnation. But, we may suggest that the pharmacists, who have so great an interest in exposing the false pretensions of those whom they regard as their natural enemies, have an easy way of dealing with cases of this kind. Let a preparation which they suspect be purchased of the manufacturer and analyzed, and then let a suit be instituted against the manufacturer for obtaining money under false pretenses. It would not take many actions of this kind to free the market of preparations which are actually fraudulent. And, until something of this kind is done by those who are alone in the position to do it, pharmacists cannot justly blame physicians for prescribing remedies which accomplish for them what they desire, solely on the ground of unproved allegations.

We wish to say what is right in this matter, and, if we know it, will allow no un-

worthy considerations to influence our expressions of opinion; but we think there are two sides to the question, and we will gladly give space to a temperate discussion of it in our columns. What our readers want is to learn the truth, and we will not hide any of it from them, if pharmacists or manufacturing chemists will place us in a position to speak positively about this important subject.

TREPHINING FOR EPILEPSY.

The operation of trephining for the removal of a source of irritation of the brain which is suspected of being the cause of epileptic seizures is no longer a rare thing in surgical practice, and the indications for performing it are becoming better defined than they once were. At a meeting of the *Société Médicale des Hôpitaux*, February 24, 1888, M. Ferré presented a patient, thirty-six years old, upon whom such an operation had been successfully performed. The man had been wounded on the vertex by a fragment from a bursting shell, and six months later had begun to suffer with attacks of epilepsy occurring about twice every month. There was a small area of hyperæsthesia at one end of the cicatrix, irritation of which brought on epileptic crises. M. Ferré thought that there was no absolute lesion of the cortex, because the convulsions were not limited to any single part, but affected all four of the limbs synchronously. He therefore called upon M. Reclus, a surgeon, to operate upon the patient. M. Reclus performed the operation of trephining, November 29, 1887, and found a slight depression of the internal table of the skull at the posterior part of the cicatrix. Since the operation the patient had had no return of his epileptic attacks.

The issue of this case is encouraging, although it is too soon to say that a cure has been effected. Similar results have been obtained in other cases in which the attacks afterwards recurred. But this fact does not discredit the operation; for it is no small matter to free a patient for a reasonable time from the horrors and dangers of epilepsy, and it is always possible that an actual cure may be effected.

CELEBRATION IN HONOR OF PROFESSOR AGNEW

On the evening of April 6, 1888, a dinner was given to Prof. D. Hayes Agnew, of the University of Pennsylvania, to celebrate the fiftieth anniversary of his graduation in medicine. The banquet was attended by about two hundred and fifty friends and admirers of Dr. Agnew, and was a very brilliant affair. The usual complimentary speeches were made by gentlemen selected to respond to the toasts, and two poetical contributions added variety to the proceedings. In so far the affair differed in nothing from what happens whenever a man of distinction receives a testimonial of this sort. But there was a feature of the occasion which deserves special mention. This was the peculiar atmosphere of affectionate regard for the guest of the evening, which pervaded the magnificent hall in which the dinner was enjoyed, and the feeling that he in whose honor it was given is so sincerely loved, as well as respected, by an unusually large number of his professional brethren. The reason for this may be stated—not so much in praise of its object as for an incentive to others. Skill and perseverance have won for Professor Agnew the admiration of all who know his ability as a surgeon; unblemished integrity has secured for him the respect of all who know his character; but it is his pure unselfishness and uniform kindness to all with whom he comes in contact which has made him the object of a warm affection, which must be dearer to him than any other reward which he has received for his years of faithful labor. Few men have enjoyed such honors as he has enjoyed without exciting the envy of those who never secured them. But for him they come beautified by the assurance that those who may not share them, love him not less, but more, because of them, and see in each new tribute to his attainments and virtues only an occasion for new enjoyment and warmer regard.

Such a life does good, not only by what it accomplishes, but also by what it teaches; and the occasion which calls attention to the principles of such a hero will serve its best purpose if it leads those who admire, to emulate his example.

CARE OF THE PAUPER INSANE.

There is at the present time a Committee of the Senate of the State of New York engaged in taking testimony in regard to the need for and advisability of a proposed law taking from the counties of that State the right and duty of caring for their own pauper insane and handing them over to the State establishments. From the evidence which has been published, and especially from that given by members of the New York Charities' Aid Society, it appears that there can be little doubt that the pauper insane are not so well cared for under the jurisdiction of county authorities, as they are in establishments under the management of the State. This is in accord with experience elsewhere, and is not different from what one would expect who understands human nature, and who knows the conditions under which institutions of this kind are apt to be managed in this country. It is to be regretted that too many such establishments are managed wholly in the interest of politicians, and that the inmates of them are often mere excuses for handling money to those who have charge of them. Happily this condition of affairs is every day more and more giving place to humane and honest methods, which are everywhere sure of the support of intelligent medical men. We call attention to the matter now, because it is possible that among our readers in the State of New York there are those who may very much assist the cause of humanity and of science by lending their aid to those who are, at this very time, trying to rescue the pauper insane of that State from the remorseless grip of the politician. Now is the time to help, and our readers may be able to determine which way the balance of the legislative mind will turn on this serious question.

—Dr. William B. Dewees, of Salina, Kansas, received, on March 19, the gift of a fruit knife which had belonged to his famous ancestor, Prof. Dewees, of the University of Pennsylvania. The knife is made of silver and pearl, and bears the crest and legend of the family of its former owner.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

THE YEAR-BOOK OF TREATMENT FOR 1887. 8vo, pp. 336. Philadelphia: Lea Brothers & Co., 1888. Price, \$1.25.

This is one of the most valuable books for its price which is published in this or any country. It contains a summary of the changes in medical practice, the new remedies introduced, and the experience with them and with others which have been longer in use, during the year 1887, made up from the reading and observation of a number of very capable men in England. The classification is according to diseases, so that one who consults these pages can obtain in a few minutes an excellent idea of the present status of therapeutics in regard to any given ailment. The book also has a good index, by means of which the reader may ascertain the different diseases for which any particular drug has been used during the year last past. We can recommend it highly to our readers, feeling sure that it will prove helpful to them in their practice.

ELEVENTH REPORT OF THE STATE BOARD OF HEALTH OF WISCONSIN, 1887. 8vo, pp. 236. Madison, Wisconsin: Democratic Printing Company, State Printers, 1888.

This report contains most interesting reading of the sort common to most publications of like character; but in addition we find in it a number of essays which deserve special notice. Among them, we may mention an exceedingly intelligent review of the subject of bacteria in their relation to natural and pathological processes by Professor E. A. Birge, of the State University, and a timely supplement to it, under the head of "Recent Progress in Preventive Medicine," by Dr. J. L. Kaine, of Milwaukee. In a paper on "The Physical Side of Education," Professor Anderson, Superintendent of Schools in Milwaukee, properly and severely characterizes the tendency to push children too hard in their studies and to overlook the necessity for play—not gymnastics, but actual play. The paper of Dr. B. O. Reynolds, of Lake Geneva, on "Ideal Sanitation," contains a number of truths which would be of great service, if they could be properly impressed upon the minds of the community.

Before leaving this interesting volume, we must commend the effort of the Board to prevent the appointment of unfit persons to the position of local health officers, and express the hope that their suggestions will not lose their effect because they are couched in such temperate language. To our readers, especially those in Wisconsin, we may add that they would do well to get a copy of this report, if possible, and catch from it a spirit of intelligent sympathy with their own State Board of Health, for their own good and for the good of their State.

TRANSACTIONS OF THE CONNECTICUT ECLECTIC MEDICAL ASSOCIATION FOR THE YEARS 1886-7. Vol. I. 8vo, pp. 130. Bridgeport, Conn., 1887.

This volume contains an interesting account of the rise and progress of the organization whose name it bears. Its scientific papers contain much that is creditable to the good sense and power of observation of those who contribute them. If our readers could go over them carefully, we think they

would regret that men who exhibit so much intelligence should persist in contending as vigorously as they do for a name, and fail to see that no school of medicine is so thoroughly eclectic—in the best sense of the word—as that from which they voluntarily exclude themselves. The distinction between those who *call themselves* "eclectics" and those who abjure an exclusive name is one which is to be regretted, because it severs those who ought to be brethren; and it is to be hoped that the time will yet come when those who merely trade upon special designations will be left wholly to themselves, and the honest men who now follow in error their banner will see that they belong with the great army of healers, who have no motto except that which Dr. Oliver Wendell Holmes has so beautifully expressed for them.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF WEST VIRGINIA. Twentieth Annual Session, 1887. 8vo, pp. 155.

The West Virginia Medical Society has not yet reached the age of some of its sisters; but it is a vigorous and active member of the family, and can already look down upon a number of juniors. The volume of transactions before us bears the marks of keeping up with the progress of medical science in other parts of the world. It is not easy always to select papers for special mention from such a collection; but we may perhaps designate those on "Hypnotics," by Dr. C. C. Hershman, of the West Virginia Hospital for the Insane, and that of Dr. W. W. Tompkins, of Charleston, on "New Remedies in Surgery," and a short paper on "Non-closure of the Abdomen," by Dr. Wm. Hogue, of Charleston, describing two interesting cases of this defect, and illustrated by a wood-cut. The other contents of this volume are both interesting and instructive, and lead to the regret—so often felt in going through the Transactions of State Medical Societies—that so many of the papers read before these bodies do not get a wider circulation.

PAMPHLET NOTICES.

[Any Reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and enclosing a postage stamp.]

THE MEDICINES OF MEDICINE. Reprint of a paper read at the 35th Annual Meeting of the American Pharmaceutical Association. BY EMLÉN PAINTER, Ph.G., New York, September, 1887. 8 pages.

—Mr. Painter's paper contains a warm plea against the prescription by physicians of special makes of pills and potions, some of which, he claims, are in no way preferable to what any capable pharmacist can compound, and some of which are not at all what they are said by their makers to be.

A VERY VALUABLE LESSON FOR THOSE WHO USE ANÆSTHETICS. BY JULIAN J. CHISOLM, M.D., Baltimore. Read before the Baltimore Academy of Medicine, December 6, 1887. 15 pages.

—Dr. Chisolm is one of few surgeons in the United States who habitually uses chloroform as an anæsthetic. He computes his administrations of it at about ten thousand cases. He uses it almost daily, and has never lost a patient from its effects. This

remarkable experience adds greater interest to the very interesting story he tells in the pamphlet before us of the narrow escape from death by chloroform narcosis of a little patient on whom he recently performed enucleation of the eyeball. His story serves as an introduction for a strong recommendation of chloroform as an anæsthetic, and a convincing presentation of the way in which it should be administered, as well as of the measures to be adopted in case of threatened death from its effects. This may be expressed in a single sentence: suspension with the head down. We recommend Dr. Chisolm's pamphlet very strongly to the attention of our readers.

LITERARY NOTES AND QUERIES.

[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—In consequence of the confiscation of three articles by the official Censor, the appearance of the February number of the *Medizinskoe Obozrenie*, a leading Russian medical review, has been delayed a month.

—Dr. Benjamin Ward Richardson has written a novel entitled "The Story of a Star; a Romance of the Second Century." The hero is Bar Cohab, the last of the great leaders of the Jewish people in the final struggle for national independence. It is shortly to be published in the orthodox three-volume form by Messrs. Longman & Co.

CORRESPONDENCE.

Early Accounts of Diphtheria in New England.

EDITOR MED. AND SURG. REPORTER:

Sir:—A medical work printed in London in 1758 came into my possession from the library of an old doctor, entitled *Medical Observations and Inquiries, Vol. I.*, which gives an account of "the first appearance of the throat-distemper at Kingston, an inland town of New England, about the year 1735." This article was an extract of a letter from Cadwallader Colden, Esq., to Dr. Fothergill. The facts were obtained chiefly from correspondence with Dr. Douglass, of Boston.

Kingston being an inland town it was concluded that the disease could not have been imported. It moved slowly westward and did not reach the Hudson river, where Dr. Holden was then stationed, for about two years. And it seemed to attack those towns through which New England people travelled. It continued to travel westward until all the British colonies were attacked. At that time it was considered contagious, although isolated families were affected in the tract of the epidemic. For fourteen years after its

first appearance it continued to break out afresh here and there.

The writer says: "The seeds of this disorder seem to be hatching in the humors of the body, before any particular symptoms of it appear. A corrosive humor bred in their issues, or in other sores, when they had any, and any constitutional ails were sometimes revived." Speaking of the furring on the tonsils, he says: "the tough cream colored sloughs were thrown off. The tonsils appear deeply pitted and corroded, and the sloughs are soon again renewed. Sometimes all the parts near the gullet or throat are much swelled, both inwardly and outwardly, so as to endanger a suffocation, and frequently mortify. Sometimes these swellings imposthume."

Many of the cases were up and walking about until a very short time before death. And some died before any one suspected any danger. The fatality was great. Some cases were treated with bleeding, and with purgatives. "All sensible evacuations of every kind, after the disease has continued some time, are destructive. The consequences of them are, a general tendency in the humors of the body to unsurmountable mortifications; so far, that the orifice made by the lancet in bleeding, and the adjacent parts, mortify. So likewise the places where blisters were applied, mortify; and the *ichor*, which issues from them corrodes all the parts on which it distils, and produces mortifications."

Dr. Douglas, of Boston, was given the credit of discovering the first successful method of cure. His treatment consisted in keeping the patient warm in bed, keeping up a free perspiration by warm drinks: sage tea mostly. *Serpentaria* was used as a diaphoretic. He "found well dulcified mercury of use, especially when joined with camphire." Gargles of a decoction of sumach berries, *serpentaria*, and alum were used. The compound tincture of aloes mixed with honey was used on the tonsils. Fomentations of bitter herbs, *sal armonia*, borax, salt, and vinegar, were used on the throat when swollen.

This article contains many other quaint views on the pathology of this throat disease, as well as on physiology and treatment which will not be quoted here. Already I have drawn sufficiently on the original text to show the prevalence of diphtheria at that early date. Undoubtedly it prevailed before that time, but this writer was unable to bring forward the facts. He recorded it as it appeared at that time.

It also appears that he regarded it as a

peculiar form of disease, differing from any that he had seen or read of in England.

Newport, Vt.

JOHN M. CURRIER.

March 8, 1888.

Difficult Twin Labor.

EDITOR MED. AND SURG. REPORTER:

Sir:—On Sept. 26, 1887, I was called to see Mrs. Y., about 36 years of age. On my arrival I found her in the first stage of labor. On examination per vaginam I found a breech presentation. The os uteri being well dilated, and seeing nothing unusual in the case, I thought best to let nature do the work. Labor progressed finely until the child was expelled to the shoulders, and one shoulder and arm were expelled. At this stage it seemed to refuse to be moved by the expulsive efforts of the uterus. I then brought down the other arm, and the child was born to the neck. But still it refused to move any further. I introduced my finger up by the side of the neck to try and find out the trouble, when it came in contact with another head, which was presenting lower down than the first, and this was a vertex presentation. Finding out the condition of the case, I was at a loss to decide what would be best to do. However, as the woman was stout, and the expulsive efforts good, I did not have to wait long before the second head came down by the neck of the first child, and the second child was soon born. The next pain brought the head of the one that was born to the neck. Though it had died from pressure on the cord, I tried the prescribed means of resuscitation, but failed. They were carried to full term, weighing seven and one-half pounds each. The mother was not injured in any way and made a good recovery. As this was an unusual case with me, I thought I would report it in a very short manner. Is there any way to diagnosticate such a trouble, and adjust it before the first child's body is born? All that I could do in my case was to place the child in the best position for the other to pass. Would like to hear from the editor and readers of the MED. AND SURG. REPORTER in regard to it.

W. H. BARNES, M.D.

Homewood, Miss., March 23, 1888.

About Advertisements.

EDITOR MED. AND SURG. REPORTER:

Sir:—Your editorial on "Reading Notices," in the MEDICAL AND SURGICAL REPORTER, March 17, p. 347, should receive the hearty approval and commendation of

every reader, and your periodical the substantial support of every just-minded medical man. Advertisements should be confined to the advertising columns. The insertion of "reading notices" and advertisements among the reading columns and pages is detestable and should be deemed good and sufficient reason for casting into the fire any periodical in which this is practiced. True, these notices pay large sums; and it is refreshing to see some secular periodicals rejecting such dishonorable service of Mammon. How humiliating, on the other hand, to note so many religious papers and magazines for greed of lucre, holding up to public gaze disgusting, and even filthy things? Here is one that, under the head (in capitals) "Religious Notices," inserts four lines in the way of religious matter, and then follow a number of short and longer notices of shams and frauds and charlatanisms to draw forth money for those whose "ads" are not allowed in pure secular papers.

D. L. PHARES.

Agricultural and Mechanical College, of Mississippi.

March 21, 1888.

NOTES AND COMMENTS.

Treatment of Epidemic Dysentery.

Dr. J. W. McLaughlin, of Austin, Texas, says: "The following list of medicines comprises those upon which I usually rely to meet the various indications which come up in this form of dysentery: Opium, quinine, turpentine, camphor, naphthaline, mercuric salts, chlorine water, nitrate of silver, sulphurous acid, tannate of bismuth, kino and ergot; concentrated food, meat preparations, milk and brandy. In those grave forms of dysentery characterized by profound toxæmic depression and threatened death from heart failure, I confidently recommend turpentine in large doses. It is an excellent hemostatic, a good antiseptic and a valuable stimulant, well suited from its prompt action to arrest the destructive tendency of this fearful malady, and counteract threatened heart failure." If the pulse is rapid and weak, the patient restless and sleepless, he gives morphia and chloral hydrate to secure rest and sleep; if the pulse is slow and sluggish, the patient inclined to stupor, small doses of atropine for its action upon the terminal ends and ganglia of the vagus. Brandy, digitalis and strychnia are indicated, he says, as cardiac stimulants and conservators, and ergot and kino to control intestinal hemorrhage. Quinine, min-

eral acids, carbo ligni, resorcin and other antiseptics and astringents, will be found useful in the varying phases of dysentery. He also recommends injections of large quantities of water to which should be added antiseptics and astringents, *e. g.*, boric acid, borax and salicylic acid, tannic acid, nitrate of silver, alum, or chlorine water. In the ordinary run of cases, those in which the system is less profoundly impressed and which pursue a slower pace, naphthalin is recommended and in his hands has given excellent results. The mercuric salts and chlorine water are recommended in the diphtheritic forms, sulphurous acid and tannate of bismuth, in the typhoid forms, and simaruba, columba, nuxvomica and cinchona in the convalescent stages. Rest in bed, cleanliness of person and clothing with proper feeding are absolutely essential to the success of any plan of treatment. He objects to the practice of stuffing patients, forcing upon them food when they neither desire it nor can digest it, as he feels sure such practice is harmful to the patient. If the patient desires food and his stomach can digest it, by all means, he says, let him have it, but when the contrary condition is present it is better to withhold food, or select that which is least objectionable to him: sweet milk, peptonised or with lime water; frozen cream if it is grateful, meat juice and meat broths, are to be recommended. The same rules should govern in giving whisky or brandy in dysentery, which are observed in its administration in other diseases.

Food and Food Adulterants.

An article in *Science*, March 23, 1888, calls attention to a recent report of the United States Department of Agriculture on foods and food adulterants, which treats of fermented alcoholic beverages, malt liquors, wine and cider, and represents a vast amount of work by C. A. Crampton, the chemist, and his assistants. The opening sentences of this report are calculated to excite a good deal of thought and reflection. The production of malt liquors in this country is second only in importance as an industry to the production of breadstuffs. Their consumption is steadily on the increase, as is also the amount consumed in proportion to other kinds of alcoholic beverages. In 1840 23,310,843 gallons of malt liquors were consumed in the United States. In 1886 the amount reached 642,967,720 gallons. In 1840 the consumption *per capita* was 1.36 gallons, while in 1886 it was 11.18 gallons. During the same period the consumption

per capita of distilled spirits has decreased from 2.52 to 1.24. It is estimated that the amount expended for beer per annum is \$304,852,683, placing the cost to the consumer at 50 cents a gallon. The annual cost to the consumer, of all liquors consumed, is placed at \$700,000,000. In speaking of the enormous consumption of beer in the United States, Mr. Crampton, who prepared the report, says that no beverage compares with it, in the amount consumed, except water, and possibly milk; and that but little supervision has been exercised over its manufacture and sale, except the rigorous enforcement by the government of its demands for a share in the profits. The average amount of alcohol, by weight, in American beers is 4.63 per cent. Of thirty-two samples analyzed by the department, salicylic acid was found in seven. These were all bottled beers, one of them being imported. None was found in any of the draught beers. Of the nineteen samples of American bottled beers analyzed, six contained this acid. These six included the product of some of the largest breweries in the country—beers that are used to a very large extent all over the United States. Whether the acid is added in the breweries where the beer is made, or by the local bottlers, could not be determined. The acid is added to prevent fermentation, and, as has been shown by Dr. Bartley, formerly chief chemist to the Brooklyn Board of Health, the amount which beers contain is sufficient to be injurious to health. Of seventy samples of wine examined by Mr. Crampton, including champagne, burgundy, claret, sherry, sauterne, and other wines in common use, eighteen contained salicylic acid, and thirteen sulphurous acid, which had been added as such or in the form of a sulphite. One sample in forty contained one aniline dye-stuff, probably fuchsine; this was a California claret. In the analyses which were made of cider, some were found to contain as much as 8.09 per cent of alcohol by weight, the average being 5.17 per cent. These were all well-fermented ciders, and all bottled but one. In the 'sweet' or incompletely fermented ciders, the percentage of alcohol averaged 1.40, the lowest being 0.20, and the highest 3.46. No salicylic acid was detected in any of the ciders examined, and but one was adulterated. This was a bottled "sparkling cider," handsomely put up in neatly capped bottles, and of a clear, bright color. In it were found both bicarbonate of soda and a sulphite. This report is in its entirety a most

valuable one, replete with information which is interesting to the general reader, as well as instructive to the scientist.

The Female Doctors.

Several years ago three Russian female doctors established a hospital and dispensary for Mohammedan women at Tashkend, the capitol of the now Russian province of Sir Darya. The idea was a happy one, and it has been attended with the best results, for an institution of the kind filled a long-felt want. Patients attended daily, who otherwise would have had to go without medical assistance, as doctors are not admitted in Mohammedan homes. Last year the three lady doctors gave no less than 15,000 consultations at their establishment.

A Drug Clerk's Fatal Mistake.

The *National Druggist*, Feb. 15, 1888, states that a prescription clerk in St. Louis made a mistake in the substitution of compound syrup of ipecacuanha (Dover's syrup, or syrup of Dover's powders) for syrup of licorice. The child for whom the prescription was ordered, died after taking a few doses of the medicine, and the clerk was immediately arrested and locked up. This is only one more instance emphasizing the necessity of including dover's powder and the syrup thereof among the poisons, and keeping them in the poison case.

Formula for Syrup of Yerba Santa.

E. Y. Johnson, in a communication to the *Druggist's Circular*, April, 1888, says that the following syrup will effectually disguise the taste of forty or more grains of sulphate of quinine to the fluid ounce. He says he has questioned several physicians who have used a great deal of it, and all say it gives perfect satisfaction. The following is the formula:

Fl. ext. yerba santa.....	1 fl. oz.
Carb. magnesias.....	6 drs.
Refined sugar.....	4 fl. oz.
Water.....	4 oz.
Oil of pimenta.....	10 drops.
Oil of cloves,	
Oil of cinnamon, of each.....	6 drops.

Rub the magnesias and sugar together until thoroughly mixed, then drop in the oils and the fluid extract of yerba santa, and rub until nearly dry. To this add the water, mixing well, and lastly, add a mixture of glycerin 4 ozs., water 5 ozs., rub well, pour on a filter and add water to make the filtrate measure 15 fl. ozs. In this dissolve by agitation refined sugar 14 ozs. (av.), and add to the

whole mixture citrate of potassium 75 grs. previously dissolved in a little water and let stand two hours. Filter through a wetted filter, returning until it passes clear. The above, he says, gives a perfectly clear, brilliant syrup which will not cloud by standing.

Horrible Murder by a Monomaniac.

A very singular occurrence, says the *British Med. Journal*, February 11, 1888, has recently taken place at Gortley, a village not far distant from the famous Gap of Dunloe. On Saturday, February 4, six members of one family, in a fit of madness, murdered an idiotic boy, 13 years old, and threw his body into the yard adjoining the house. The perpetrators of the deed are now inmates of Killarney Lunatic Asylum, but the mother of the lad confessed to have had some hallucination that so long as he lived the family would be subject to evil influences. On this account she acknowledged having killed her son with a hatchet.

Toothache Pellets.

The *Chemist and Druggist*, March 17, 1888, suggests the following:

Cocaine hydrochlorate.....	grs. 16
Powdered opium.....	grs. 64
Menthol.....	grs. 16
Powdered althaea.....	grs. 48
Mucilage of acacia.....	grs. 9

Make in'o $\frac{1}{2}$ -grain pills and keep in well-stoppered vials. For use, one of these is to be inserted into the hollow tooth.

State Medical Society of Arkansas.

The next meeting of the State Medical Society of Arkansas will be held at Fort Smith, April 25, 26 and 27, 1888. It promises to be one of the most largely attended meetings since the Society was organized. A large number of interesting papers have been promised, most of them of a highly practical character.

The sessions of the Society will be held in the hall of the Young Men's Christian Association, beginning on Wednesday morning. Reduced rates of fare will be granted to those members of the Society who purchase not more than five days before April 25, full fare tickets to Fort Smith, taking a certificate from the ticket agent, which will be endorsed by the Secretary of the Society, and secure return tickets at one cent a mile. Return tickets must be purchased on or before April 28.

The Secretary of the Society is Dr. L. P. Gibson.

NEWS.

—Sir Andrew Clark has been elected President of the Royal College of Physicians of England, succeeding Sir William Jenner.

—Dr. John M. Browne has been appointed by President Cleveland Surgeon-General, to succeed Dr. F. M. Gunnell, whose term expired March 26.

—Professor Hattie Allen, who has just assumed an important chair in the Medical Department of the University of Michigan, is said to be only thirty years old, and is a Vassar alumna.

—The California State Medical Society will hold its annual meeting, April 18, in San Francisco. Dr. C. G. Kenyon, 664 Mission St., San Francisco, is chairman of the Committee of Arrangements.

—It has been proposed that a statue or a monument be erected to perpetuate the memory of the late Henry Bergh, the world-famous friend of the dumb animals, and consequently the friend also of humanity.

—S. Moriyasu, from a study of a large number of Japanese girls with reference to the age at which menstruation began, concludes that the first appearance is on an average between the ages of fifteen and sixteen years.

—The *Kansas City Medical Index*, March, 1888, says that one of the brightest and most promising young physicians of that city, has been forced to give up his practice—in fact, has become a perfect physical wreck—from the use of cocaine.

—Dr. Nicholas Senn has been appointed Professor of the Principles of Surgery and Surgical Pathology in the Rush Medical College, Chicago; and Dr. Frank T. Andrews Professor of Practical Medicine in the Chicago Medical College.

—The death of Dr. Leopold von Holst, who was for a long time one of the editors of the *St. Petersburger med. Wochenschrift*, is announced. He had been a sufferer for many years from chronic bronchitis and emphysema, but his death was occasioned by pyæmia. He died March 6.

—The degree of Doctor of Medicine was conferred upon 188 graduates of the Jefferson Medical College at the sixty-third annual commencement, April 4. Professor J. W. Holland, Dean of the Faculty, awarded the prizes, and Professor Roberts Bartholow delivered the valedictory address to the graduates.

HUMOR.

"EVERYTHING I HEAR goes in one ear and out of the other," said a dude to Charley St. Clair yesterday. "Why shouldn't it?" said Mr. St. Clair, "for there's nothing to stop it."—*Boston Beacon*.

"FATHER," SAID THE EDITOR'S LITTLE BOY, "is the new Emperor of Germany an editor? I see when he speaks of himself he says 'we.'" "No, my son. That is a word the emperors have stolen from the editors without proper credit."—*Peoria Transcript*.

EXCITED WIFE—O John! John! Quick! Stop fumbling behind that bureau and run for a doctor. Half-dressed husband—What's the matter with you, anyhow? "Baby has swallowed your collar-button." "How on earth do you expect me to get ready to go for a doctor without that collar-button?"—*Omaha World*.

"YOU OUGHT TO BE ASHAMED OF YOURSELF, a great big man like you to be a beggar and a tramp! You oughtn't to be afraid of work." "I know it, mum, but I can't help it. You see my nurse frightened me once in a dark room when I was a baby, and I have been timid ever since."—*N. Y. Mail and Express*.

OBITUARIES.

BENJAMIN F. DAWSON, M.D.

Dr. Dawson died in New York at the age of 43 years. He served as Acting Assistant Surgeon in the United States Army during the last year of the rebellion. After graduation at the College of Physicians and Surgeons in 1886 he paid special attention to obstetrics and the diseases of women and children. In 1868 he founded and until 1874 edited the *American Journal of Obstetrics*, and to that and other similar publications was a constant contributor. In 1876 he invented and published an account of a new galvanic battery for galvano-caustery surgery, which attracted much attention. He was a member of numerous societies, medical and scientific.

JOSEPH A. PAXSON, M.D.

Dr. Joseph A. Paxson died at his residence in Philadelphia, April 5, after a short illness. Dr. Paxson was born in Bucks county, in 1842. He came to this city in 1863 and became a teacher in the Friends' School at Fifteenth and Race streets. He was graduated from the Medical Department of the University of Pennsylvania in 1869. After practicing medicine in Buckingham, he came to Philadelphia in 1875. He held at different times several positions of trust, and took

considerable interest in political matters. His wife and two children survive him.

WILLIAM C. SPENCER, M.D.

Dr. William C. Spencer, died of pneumonia at Fort Trumbull, Conn., March 22, after an illness lasting two days. He was appointed Assistant Surgeon in 1861, promoted to Captain and Assistant Surgeon in 1866, and to Major and Surgeon in July of the same year. He was breveted Lieutenant-Colonel March 13, 1865, for faithful and meritorious service during the war. He was fifty years of age.

WILLIAM B. SMALL, M.D.

William B. Small died in Philadelphia, March 31, at the age of about 75 years. He was born in Philadelphia, and was graduated from the University of Pennsylvania in 1833. From that period until within a short time of his death he was in active practice. In his earlier years he gained a reputation for his services in various epidemics of small-pox and yellow fever, and was physician to one of the pest houses, at that time located at Bush Hill. He was at one time a member of the City Gas Trust and was Chairman of the Committee on Distribution.

THOMAS F. TEBBS, M.D.

Dr. Thomas F. Tebbs, of Prince William county, Va., died in Haymarket, Va., January 27, 1888, after a short illness. He was graduated from the University of Pennsylvania in 1849.

Official list of changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from April 1, 1888, to April 7, 1888:

Col. Jedediah H. Baxter, Chief Medical Purveyor, Maj. Chas. R. Greenleaf, Surgeon, detailed as members of an Army Retiring Board, appointed to meet at Washington, D. C., on Wednesday April 4, 1888. S. O. 75, A. G. O., April 2, 1888.

Maj. Chas. H. Alden, Surgeon, will repair to Washington, D. C., on public business, and on the completion thereof will return to his station (West Point, N. Y.) S. O. 75, A. G. O., April 2, 1888.

Capt. Victor Biart, Asst. Surgeon, having been found incapacitated for active service by an Army Retiring Board, sick leave of absence is still further extended until further orders on account of disability. S. O. 77, A. G. O., April 4, 1888.

Capt. Edwin F. Gardner, Asst. Surgeon, leave of absence extended fourteen days. S. O. 77, A. G. O., April 4, 1888.

Official list of changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the four weeks ended April 7, 1888:

S. T. Armstrong, Passed Assistant Surgeon, granted leave of absence for fourteen days. March 21, 1888.

W. D. Bratton, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon, from April 6, 1888, April 2, 1888.